



AOSW 33rd Annual Conference

Oncology Social Work: Elevating Compassion, Experience and Vision

May 31 – June 2, 2017

Sheraton Denver Downtown Hotel, Denver, Colorado USA



EXCELLENCE IN
PSYCHOSOCIAL ONCOLOGY

aosw.org

Continuing Education

There will be an additional fee of \$35 per attendee for those interested in earning up to 20.0 CEU's which includes 6.5 hours of Ethics. Please see Registration Form for details.

Certificates will be issued to those who registered for CEUs after completion of the online post conference evaluations and proper badge scanning into sessions.

Association of Social Work Boards (ASWB)

This organization Association for Oncology Social Workers (AOSW), provider #1351, is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org, through the Approved Continuing Education (ACE) program. The AOSW maintains responsibility for the program. ASWB Approval Period: 11/11/2016 – 11/11/2019. Social workers should contact their regulatory board to determine course approval.

Florida Dept. Health, Division Social Work, MFT, Counseling

In accordance with the criteria outlined in the Florida Statutes Chapter 491 and by the Florida Department of Health, Division of Medical Quality assurance, the Florida Society of Oncology Social Workers (FSOSW) Provider #50-775, exp. 03/31/2017, will be applying for CEUs for clinical social workers, marriage and family therapists, and mental health counselors for Licensure renewal. There is no fee for FSOSW members; other Florida non-members will need to pay \$5.00 per CEU or join the organization for \$35. Florida registrants may obtain an exact list of approved clinical and non-clinical sessions or more information by contacting Cara Kondaki, LCSW, at (954) 659-5604 or by email at kondakc@ccf.org.

NASW

This program is approved by the National Association of Social Workers (Approval # 886375796-2717) for 20 continuing education contact hours. At this time, they do not approve individual sessions for different types of CE categories, as ethics. They are only able to approve the overall program.

The following states do not accept National CE Approval Programs and require individual program/provider application processes:

New York (<http://www.op.nysed.gov/prof/sw/swceinfo.htm>)

Michigan (http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63303---,00.html)

West Virginia (www.wvsocialworkboard.org)

The following states currently do not recognize NASW National Approval. Applications can be submitted to NASW State Chapters:

New Jersey (www.naswnj.org)

Idaho (www.naswidaho.org)

Oregon (www.nasworegon.org)

NY State Education Department's State Board of Social Work

Association of Oncology Social Work, Inc., SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0320.

Certificates of attendance and verification of credit will be issued to those who registered for CEUs after completion of the online post-conference evaluations.

Ethics Disclaimer: It is the responsibility of the attendee to check with their state board to determine if the ethics hours offered meet the regulations of their Board.

Instruction Methodology:

Didactic, audio-visuals, demonstrations, experiential exercises, case examples, small and large group discussions.

Target Audience:

Oncology social workers and other social workers who work with cancer patients and their families.

Grievance Policy:

Grievances regarding conference sessions, content, abstract selection and presentation can be submitted to any member of the conference planning committee and are escalated appropriately to the conference chair, director of education, board of directors or home office staff. Grievances are responded to in a timely fashion with the goal of mitigation of the issues brought to the leadership. If a registered participant is unable to attend a meeting after registration, refund requests are processed on a case by case basis. If an attendee has a complaint or grievance, it must be submitted in writing by the participant to: AOSW, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181. The letter will be reviewed by organizational members consisting of a social worker consultant, and other members based on geographic distribution, experience, professional specialty, etc. The organization will respond to the attendee's grievance in writing.

Educational Levels of Presentations

Introductory level presentations include an introduction to content area in oncology social work practice. These sessions may include providing information about a particular condition, treatment method, or issue related to oncology social work. Beginner level presentations are appropriate for all, but with specific applicability to BSW's, new MSW graduates or those new to the practice of oncology social work.

Intermediate level presentations include sessions which build on knowledge that practitioners with some experience already have. These sessions focus on skill-building or adding knowledge; possibly with a brief overview of basic information. These sessions are appropriate for mid-career level practitioners as well as more advanced practitioners interested in exposure to new skill sets and research.

Advanced level presentations include sessions which address content for advanced level practitioners who have been working in oncology social work for some time and have a clear understanding of a wide range of concepts, practice, research and administrative issues that impact practice. Covers complexities involved in oncology social work and intervention to address them and influence change.

ADA Accommodations:

For questions about accessibility or to request accommodations please contact Chris Viglione at 847-686-2365 or cviglione@aosw.org. Advance notice is necessary to arrange for some accessibility needs.

Non-Credit Events:

CE credit is not offered for committee meetings, poster sessions, networking sessions, and registration/breaks.



AOSW Abstract Book Table of Contents

Tuesday, May 30	2
Wednesday, May 31	4
Poster Presentations	19
Thursday, June 1	28
Clinical Practice Intensives	45
Friday, June 2	55



Tuesday, May 30, 2017

AOSW Pre-Conference Research Institute

Tuesday, May 30

8:00 a.m. – 3:00 p.m.

This year's AOSW Research Institute will be held as a Pre-Conference Institute on Tuesday, May 30. The theme is "Patient-Centered Research." The Institute will include a series of panel presentations, question and answer sessions, and roundtable discussions in which participants will identify and prioritize compelling and clinically meaningful issues for patient-centered outcomes research. This year's Institute will also serve as a kick-off to AOSW's new Patient-Centered Research Collaborative (PCRC) for Psychosocial Oncology. Julianne Oktay, PhD, MSW, AOSW Research Director, and Brad Zebrack, PhD, MSW, MPH, Professor of Social Work at the University of Michigan, will serve as the Chair and Co-Chair, respectively, for the Institute.

Pre-Conference Research Institute Keynote Address

Translating Psychosocial Oncology Research into Practice: Progress and Challenges

Tuesday, May 30

8:30 a.m. – 9:30 a.m.

Paul Jacobsen, PhD

Abstract Summary:

Research over past several decades has greatly increased understanding of the impact of cancer and its treatment on the psychosocial well-being and functioning of patients and their family members. Additionally, a growing body of evidence demonstrates the positive impact of psychosocial interventions on a wide range of health outcomes in people affected by cancer. Despite abundant research, a report published by the Institute of Medicine in 2008 concluded that many people who could benefit from psychosocial cancer care fail to receive it. Beyond identifying a problem, the report included a number of recommendations designed to promote the inclusion of psychosocial care as part of routine cancer care. This presentation will review these recommendations, the progress that has been made to date in implementing many of them, and the challenges that remain. The presentation will be informed by consideration of the multiple phases of translational research and the central role of healthcare delivery research in advancing psychosocial care for people affected by cancer. Several key research priorities will be identified and discussed including: enhancement of the clinically-relevant research base, development and use of quality measures, formulation and enactment of quality improvement plans, and application of resource-stratified approaches to guideline implementation.

Presentation Level: Introductory

Learning Objectives:

1. Apply major recommendations from the Institute of Medicine on improving delivery of psychosocial cancer care
2. Explain the progress in implementing these recommendations



3. Describe how healthcare delivery research can further advance improvement of psychosocial cancer care

Pre-Conference Workshop

Tuesday, May 30

Registration: 9:30 a.m.

Program: 10:00 a.m. – 5:00 p.m.

Navigating Cancer: Work & Insurance

This training, co-hosted by Triage Cancer & Cancer and Careers, will provide oncology health care professionals with a comprehensive overview of employment, disability insurance, and health insurance issues that may arise for cancer survivors and their caregivers. Issues include the laws and practical strategies for working through treatment, taking time off work for treatment, deciding whether or not to disclose a diagnosis, managing side effects on-the-job, re-entering the job market, and navigating health insurance options and health care reforms. This interactive training will cover relevant research, provide substantive information, and utilize case studies and exercises to demonstrate ways for oncology health care professionals to effectively navigate their patients through these issues. This FREE training also offers FREE CEUs for social workers and nurses. These CEUs are not part of the overall conference CEUs. *Please note: Lunch will be on your own.*

Presentation Level: Introductory



Wednesday, May 31, 2017

Opening Keynote Address

Wednesday, May 31

9:30 - 10:30 AM

Championing Cancer Survivorship: Whose Job Is It?

Julia H. Rowland, PhD

Abstract Summary:

The number of cancer survivors is growing in the United States and globally. At the same time, the demographics of this population is shifting rapidly. In contrast to decades past, survivors in the future will be older and more ethno-culturally diverse. Many will be treated with complex and increasingly novel regimens largely delivered in out-patient community settings. Survivors will be taking more oral cancer agents, often for extended periods, living longer and for growing numbers, dealing with cancer or its aftermath as a chronic illness. This changing landscape is putting pressure on our ability to help individuals not simply survive their illness, but thrive after cancer. In particular, planning for and supporting optimal survivorship is becoming a key component in the design and delivery of high quality cancer care. This talk will outline the multiple ways in which oncology social workers are uniquely positioned to help reduce the personal and social burden of cancer; to support the emerging shift in care away from a focus on lifespan to one that promotes attention to survivors' healthspan and meaningful quality of life after cancer.

Presentation Level: Intermediate

Learning Objectives:

1. Describe the changing demographics of cancer survivorship and its implications for survivors' care
2. Identify key factors associated with good psychosocial outcomes.
3. Explain the vital role that oncology social workers can play in reducing survivors' morbidity and mortality after cancer

P101

Wednesday, May 31

11:00a.m. – 12:00p.m.

Expanding Our Contributions in Cancer Care: Transforming the Role of Oncology Social Work Through Practice-Based, Qualitative Research

Kimberly Lawson, MSW, DSW Candidate, LCSW

Abstract Summary:

Social workers are increasingly found on cancer care teams whether in acute, ambulatory or community settings. Additionally, oncology social workers (OSWs) are pioneering "non-traditional" roles including as care navigators, ethics consultants, transdisciplinary teaching experts and in leadership positions both within and outside their discipline. In so doing, OSWs demonstrate increasingly high versatility and



utility in cancer care. It is incumbent upon OSWs to also maximize newly-created potential by seeking “transformative” (Kayser, 2015, p. 171) psychosocial research opportunities for influencing care and practice improvement. Practice-based research and in particular, qualitative research, presents one such opportunity. Qualitative research investigates the complexities and lived experiences of those impacted by cancer, allowing OSWs keen insights into the impact of cancer experiences. With the necessary continuing education and mentoring, OSWs can learn not only to participate in, but generate ideas for and lead, practice-based research, fostering evolving contributions to practice and care improvements.

Keywords: Research; Education

Presentation Level: Intermediate

Learning Objectives:

1. Acknowledge and develop the readiness of oncology social workers employed in cancer care settings for practice-based qualitative research through academic collaborations and partnerships.
2. Describe and summarize an introduction, orientation to and overview of the “how to’s” of qualitative research, and its potential usefulness and “good fit” in advancing social work services in the oncology setting, including as a complement to quantitative research.
3. Analyze, compare and contrast the similarities and differences between clinical and qualitative research interviewing, with oncology social worker as “research instrument”

P102

Wednesday, May 31

11:00 a.m. – 12:00 p.m.

Compassion is a Phone Call Away: Promoting Access to Psychosocial Support Through Telephone-Administered Services

Jill Randall, MSW, LICSW; Olivia Eusden, MSW, LICSW

Abstract Summary:

Barriers such as geographical distance and limited mobility can prevent people affected by cancer from accessing vital psychosocial support services from diagnosis through survivorship. Providing psychosocial support via the telephone can remove these barriers and increase access to services in the privacy and comfort of home. The literature supports the feasibility and acceptability of psychosocial support and counseling via the telephone, and while the face-to-face connection is valued by patients/caregivers and social workers alike, it’s worth exploring this convenient alternative to extend the reach of support beyond the medical center. This presentation will discuss the benefits and challenges of the telephone modality with individuals and groups, specific skills needed, and how telephone-administered services can increase access, particularly for those coping with emotional, social, and physical late effects. Social workers can provide telephone-administered interventions as an extension of the face-to-face services they provide to alleviate distress and maximize psychosocial functioning.

Keywords: Clinical Practice/Skill Building; Survivorship

Presentation Level: Introductory

Learning Objectives:

1. List three challenges of phone work and solutions to overcome them



2. Identify two skills to enhance telephone work with individuals and groups
3. Explain how telephone-based methods for delivering psychosocial oncology care can enhance access to services for people affected by cancer

P103

Wednesday, May 31

11:00 a.m. – 12:00 p.m.

Dispelling the Magic of Positive Thinking and De-escalating Death Anxiety: A Discussion About Mortality Awareness

Rachel Warbet, MSW, LCSW

Abstract Summary:

Oncology social workers should embrace the opportunity to address patients' concerns about dying and death more directly. It has been suggested that during serious health crises, patients experience less distress when clinicians deal "head-on with the issues" of life-limiting illness and diminishing treatment options (Holland & Lewis, 1999). When illness is advanced, addressing patients' death anxiety and beliefs about always having a positive attitude is imperative for relieving suffering and retaining meaning and purpose (Sussman & Liu, 2014). Furthermore, it is important for clinicians to cultivate mortality awareness in order to become better healing professionals (Liechty, 2000). This presentation will provide participants with knowledge and insight into their own process and the impact that this has on our work. Participants will also gain a revitalized ability to enhance their conversations with patients and family caregivers surrounding death anxiety to provide a framework for a more meaningful engagement in the work.

Keywords: Clinical Practice/Skill Building; Pain, Palliative Care and End of Life

Presentation Level: Intermediate

Learning Objectives:

1. Identify various psychotherapeutic models that directly address suffering related to death anxiety.
2. Explain how to expand and challenge views on the power of "positive thinking" that can be emotionally or psychologically damaging to patients with advanced illnesses.
3. Describe the significance of mortality awareness and gain insight into how that impacts their work.

P104

Wednesday, May 31

11:00 a.m. – 12:00 p.m.

Developing a Palliative Radiation Oncology Specialty: The Role of the Oncology Social Worker

Rebecca Cammy, MSW, LCSW



Abstract Summary:

The University of Pennsylvania palliative radiation oncology team attends to a gap of metastatic, advanced-stage cancer patients who have significant symptom issues but are not appropriate for systemic therapies. The clinical outcome for these patients may not always be clear and could incorporate symptom resolution with recovery for some time or a continued decline but with more symptom control through end of life. From a social work lens, clinical practice prompts a safe balance for ongoing conversations about advanced directives, care needs, and end-of-life goals and fears as treatment regimens and outcomes continue to unfold. This model strives to make advance care planning discussions a routine part of the palliative radiation oncology work-flow.

Keywords: Pain, Palliative Care and End of Life; Special Populations

Presentation Level: Intermediate

Learning Objectives:

1. Define a multidisciplinary model of care in the palliative radiation oncology specialty and highlight descriptive characteristics of this unique patient population.
2. Use a new social work assessment tool the “palliative radiation oncology psychosocial care plan” template to aid in structured advanced care planning discussions with metastatic and advanced-stage cancer patients.
3. Analyze the effectiveness of the palliative radiation oncology team model and social work intervention by tracking the completion of patient advanced directives in the electronic medical record pre- and post- social work encounters

P105

Wednesday, May 31

11:00 a.m. – 12:00 p.m.

Blurred Lines: Boundary Dilemmas in Oncology Care

Christina Bach, MBE, MSW, LCSW, OSW-C; Eucharía Borden, MSW, LCSW, OSW-C

Abstract Summary:

Boundaries challenge us professionally almost every day. Boundaries can become blurred in many circumstances, including self disclosure, dual relationships, physical contact, sexual relationships, and competence to perform services. Boundaries make us aware of the limits of our professional relationships as well as if we may be crossing a line. They help us to think critically about our relationships with patients. With boundary fluidity and blurring comes risk. This presentation will challenge participants to think about their own professional boundaries, to explore experiences where they may have crossed a line, as well as to think about why boundaries are necessary but often need to be fluid, flexible, transparent and evolving. We will examine boundary ethics various disciplines. We will address the use of self and supervision to work through boundary challenges and explore more about how to work with interdisciplinary team members who may have different boundary rules than we do.

Keywords: Ethics; Clinical Practice/Skill Building



Presentation Level: Introductory

Learning Objectives:

1. Describe professional boundaries and their ethical importance in the delivery of patient care in oncology settings.
2. Identify areas where boundaries become blurry and uncertain and learn strategies to help manage this uncomfortable, tense position.
3. Illustrate the importance of setting, flexing and maintaining professional boundaries based on context, as well as modeling this behavior for other interdisciplinary team member

LUNCH SESSION 1 – MEDICAL MARIJUANA PAPER SYMPOSIUM

Wednesday, May 31

12:15 p.m. – 1:45 p.m.

Medical Cannabis: Navigating the Social and Legal Challenges

Leora Lowenthal, MSW, MPA, LCSW-R (NYS), LICSW (MA), OSW-C; Kathleen Dillon, JD, MDR

Abstract Summary:

Legislation allowing use of medical cannabis has been passed in 25 states and the District of Columbia. Simultaneously, cannabis remains classified as a Schedule 1 drug under federal law, meaning it is considered to have a “high potential for abuse,” “no currently accepted medical use,” and “a lack of accepted safety.” This conflict between federal and state law has resulted in a variety social and legal challenges including those of access, stigma, and the possibility of adverse effects of cannabis use on employment. The authors, a physician, attorney, and oncology social worker, provide an examination of medical cannabis in the context of oncology and recommendations for how patients and providers may navigate the inherent social and legal challenges. They maintain that no matter an individual provider’s position on use, medical cannabis is a significant, growing part of the healthcare landscape and should be a part of our conversations with patients.

Keywords: Clinical Practice/Skill Building; Advocacy

Presentation Level: Intermediate

Learning Objectives:

1. Identify common uses for medical cannabis in the context of oncology and palliative care, with a particular focus on symptom management. They will become familiar with some of the current research available on this use.
2. Interpret the state and federal laws regarding medical cannabis, and how those laws may impact patients and providers. Special attention will be provided to such areas as employment and family law.
3. Identify resources and tools to assist their patients and institutions with the challenges presented by the current state of medical cannabis



Colorado and Marijuana: Navigating the Complex Terrain Regarding Policy and Patient Advocacy for Oncology Social Workers

Eleanor Bruin, MSW, LCSW

Abstract Summary:

This presentation seeks to educate oncology social workers on the history of marijuana decriminalization in the state of Colorado, with a comprehensive review of research and literature to understand the aspects of state and federal responses to marijuana legalization in Colorado. This presentation will also introduce the challenges that healthcare institutions and providers are facing in integrating medical marijuana in the evidence-based care they provide to oncology patients. The objective of this lecture is to educate oncology social workers on the organizational and individual impacts of marijuana legalization, so they are better able to advocate, and navigate, this subject matter within their own clinical practice.

Keywords: Education; Specialized Needs

Presentation Level: Introductory

Learning Objectives:

1. Describe marijuana decriminalization initiatives in Colorado and identify potential challenges that other states in the nation may encounter with regard to marijuana legalization initiatives.
2. Examine the importance of state and federal marijuana policy and the impacts on oncology patients and healthcare providers.
3. Identify ways that AOSW standards of practice can be engaged in regards to advocacy for and protection of patients' dignity, confidentiality and rights to access care

S101 – Spirituality SIG Presentation

Wednesday, May 31

2:00p.m. – 3:30p.m.

Rituals: Creating Healing Space for Our Patients and Ourselves

Debra Mattison, MSW, LMSW, OSW-C; Su Murdock, MSW, LCSW, OSW-C

Abstract Summary:

Spiritual challenges are often core as patients attempt to integrate the diagnosis and treatment of cancer into their daily life. The search for meaning as one attempts to maintain a sense of self while dealing with pain and suffering, the challenges of loss of control and the unknown of cancer can pose spiritual crises as well uncover spiritual strengths. Rituals can be effective clinical tools to provide expression of feelings that have no words, to commemorate meaningful transitions and to provide a space for reflection and renewal.

The focus of this experiential workshop is to support practical skill building regarding the intention use of therapeutic ritual with individuals, families and groups in our oncology social work practice. Participants will leave the session with an evidence-based rationale for use of rituals as well as a resource



kit of rituals to use both with patients as well as in one's own professional practice to promote meaning and resilience. Rituals related to the experience of a new cancer diagnosis, transformation and transition rituals along the cancer continuum and a personal professional intention-based ritual will be demonstrated. Participants will also be invited to share their use of favorite rituals used in their work.

Presentation Level: Intermediate

Learning Objectives:

1. Define the therapeutic value of the use of rituals in oncology social work practice
2. Identify specific rituals that could be used with patients across the cancer continuum from diagnosis to death
3. Apply the use of rituals to personal and professional reliance in oncology social work practice

S102 – Pain, Palliative Care, and End-of-Life SIG Presentation

Wednesday, May 31

2:00 p.m. – 3:30 p.m.

Advance Care Planning: Understanding and Expanding the Social Work Role

Shirley Otis-Green, MSW, MA, ACSW, LCSW, OSW-C; Jennifer Bires, MSW, LICSW, OSW-C

Abstract Summary:

As organizations are embracing calls to provide person-centered, family-focused and culturally-congruent care in a more cost-effective manner there is a growing realization of the importance of Advance Care Planning (ACP). Unfortunately, few organizations have models in place to consistently provide this important service. There is an urgency to the need to develop standardized ACP systems that are culturally nuanced as current systems contribute to growing disparities in care, as underserved patients are less likely to have their wishes identified and honored at end of life.

Social workers are well positioned to lead these efforts, offering an opportunity to expand our leadership and clinical roles, yet many lack strategies to exploit this role. Social work leaders can collaborate with their interprofessional colleagues to create innovative ACP programs that address the Institute of Healthcare Improvement's Triple Aim of healthcare reform (improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care). Successful ACP conversations also increase provider satisfaction as it is associated with lessened moral distress.

Presentation Level: Intermediate

Learning Objectives:

1. Explain the importance of advance care planning to the provision of person-centered, family-focused and culturally-congruent oncology care.
2. Identify three common challenges to advance care planning activities.
3. List three resources available to assist in the development of a robust advance care planning program for their organization.



S103 – Integrative Oncology SIG Presentation

Wednesday, May 31

2:00 p.m. – 3:30 p.m.

Integrative Oncology: Supporting the Whole Person – Mind, Body and Spirit

Cheryl Hughes, MSW, LICSW, OSW-C; Marianne Stenhouse, MSW, LCSW, OSW-C; Richard Dickens, MSW, LCSW-R

Abstract Summary:

This 90-minute Integrative Oncology SIG Session presentation will highlight the range of skills and knowledge that oncology social workers use to improve the quality of life for cancer patients and their families, and provide information about various integrative oncology therapies and techniques through a multi-modal presentation.

The session will begin with a 15-minute presentation on the scientific underpinnings of integrative oncology, focusing on a basic understanding of the research that grounds integrative interventions such as mindfulness, meditation and breath work.

This didactic portion of the presentation will be followed by a panel presentation. The panel will consist of three oncology social workers who currently use integrative interventions, reporting on the challenges and successes of an integrative oncology program and taking questions from the audience. Throughout the presentation we will offer a variety of experiential exercises to allow attendees to sample a few interventions that have been useful for other practitioners around the country. We will wrap up the 90-minute presentation with time for participants to network, discuss any SIG business and share ideas of how to make this Integrative Oncology SIG a positive working and networking group in the future.

Presentation Level: Intermediate

Learning Objectives:

1. Explain recent research pertaining to the benefits of using integrative oncology for patients well being.
2. Use examples from colleagues about how they utilize integrative oncology in various settings, large and small.
3. Apply concrete techniques and be better able to explain to others in their own organizations which integrative interventions could be incorporated into their programs and why it would be beneficial to do so.

S104 – Ethics SIG Presentation

Wednesday, May 31

2:00p.m. - 3:30p.m.

One New Friend Request: Social Media and Ethical Issues in 21st Century Oncology

Alison Petok, MSW, MPH, LCSW



Abstract Summary:

The internet and associated social media have become omnipresent in our home and work lives. As more young adults come of age in a world inundated with social media, the use of platforms such as Facebook, Twitter, and LinkedIn have become an integral part of everyday life. Over the past decade, social media has become a powerful presence in the lives of medical professionals as well, no matter their age, including social workers, physicians, nurses and clergy members. Social media presents many positive opportunities for the field of oncology but it is not without conflict. The culture of medicine, which values privacy, confidentiality, and professional conduct, and that of social media, which values disclosure, candidness, transparency, and familiarity, makes integration of the two worlds a challenge. During this presentation ethical issues will be examined and discussed, including professional boundaries, self-disclosure, and accessible but appropriate patient support services.

Presentation Level: Intermediate

Learning Objectives:

1. Prepare brief history and overview of integration of social media usage in medical practice. This will include an overview of what major national and international organizations have established as guidelines and directives, or a lack thereof.
2. Summarize strategies for utilizing social media in a positive professional context, i.e. developing online support groups.
3. Explain issues of disclosure, dual-identities, and professional boundaries, and discuss case examples.

S105 – Sexuality SIG Presentation

Wednesday, May 31

2:00 p.m. – 3:30 p.m.

Overcoming Barriers to Sexual Health Assessments in the Inpatient and Ambulatory Settings

Sage Bolte, PhD, LCSW, OSW-C, CST; Andrea Karoff, MSW, LCSW, OSW-C

Abstract Summary:

Thanks to the growing research and body of knowledge, it is no longer a question as to whether sexual health is of concern to those diagnosed with cancer both during and after their treatments. Sexuality and intimacy are quality of life issues that oncology social workers have the opportunity to provide assessments and interventions for (Dasappa L, et al., 2013). However, oncology social workers have identified three barriers to assessing their patient’s sexual health needs: assessment tools/instruments; time to address these concerns; finding tools that can be utilized in inpatient and ambulatory or clinic settings to normalize and identify patient’s sexual health needs (Bolte, 2012). The Sexuality SIG is focused, amongst other things, on raising awareness of the sexual health needs of all persons diagnosed with cancer and their loved ones, sharing resources, advocating for sexual minorities and exploring research that provides a greater understanding of the impact cancer has on sexual health along with interventions that can improve this quality of life issue.



This interactive discussion will explore institutional and personal barriers to assessing the sexual health needs of patients as well as discuss creative and evidenced based solutions to assessing, intervening and treating sexual health needs of patients throughout the survivorship continuum. An open dialogue amongst participants related to challenges faced, will create opportunities for an increase in knowledge and shared resources.

Presentation Level: Intermediate

Learning Objectives:

1. List key points in a patients treatment when it can be helpful to assess their sexual health / functioning
2. Identify three barriers that interfere with assessment of a patient's sexual health
3. Describe pathways and resources to help find sex-friendly clinicians **P201**

Wednesday, May 31

4:00 p.m. - 5:00 p.m.

P201

"Every Alien Shall be Presumed to be an Immigrant": Utilizing the Case of a Young Woman to Learn International Advocacy

Kristin Scheeler, MSSW, APSW, OSW-C

Abstract Summary:

This is the story of the power of oncology social workers as international advocates. It outlines the case of a 29-year-old with acute myeloid leukemia living in the United States, who required an extremely time-sensitive allogeneic bone marrow transplant using cells from her only potential donor in the world; a brother living in Algeria. Attendees will become privy to the many creative strategies employed to help the donor, who was denied a one-time-only expedited visa request to travel to the United States. Oncology social workers who attend this session will leave with tools for assisting international travelers and their families with either simple or complicated needs related to medical necessities. Attendees will understand how the U.S. government sees international travelers from certain countries and help prepare potential travelers to successfully obtain a travel or visitor's visa, work with a U.S. Senator, and utilize his or her personal professional network.

Keywords: Advocacy; Special Populations

Presentation Level: Intermediate

Learning Objectives:

1. Evaluate public and social policy for international travel to the United States that requires a visa.
2. Explain how to interface with a United States Congress member to facilitate international travel due to medical necessity.
3. Practice and develop confidence in oncology social work advocacy skills, including through utilization of personal and professional networks as appropriate, letter writing, and creative problem solving



P202

Wednesday, May 31
4:00p.m. - 5:00 p.m.

Addressing Psychosocial Needs of Patients in Cancer Clinical Trials

Xin Wang, MSW, PhD, LMSW

Abstract Summary:

This presentation will examine the unique psychosocial challenges of clinical trial patients and caregivers as well as social work services provided to address those needs in a large cancer center. These system-theory guided and strength-based interventions aim to support CT patient and caregivers in the courageous journey of cancer treatment as well as to facilitate successful cancer treatment development.

Keywords: Special Populations; Pain, Palliative Care and End of Life

Presentation Level: Introductory

Learning Objectives:

1. Examine psychosocial needs and barriers of patients and their caregivers in cancer clinical trials.
2. Summarize the social work interventions available to address complex needs of clinical trial patients and their caregivers.
3. Demonstrate the clinical importance of addressing psychosocial needs of patients in cancer clinical trials.

P203

Wednesday, May 31
4:00p.m. - 5:00 p.m.

Think Like an Artist, See Like a Child: Creativity and Everyday Leadership

Patrice Al-Shatti, MSW, LMSW

Abstract Summary:

Our healthcare system increasingly demands that we prove value so we must be equipped to lead in the innovative care of patients and families. To do that, we need to be flexible thinkers who can not only provide answers, but observe situations in novel ways and ask, "Are these even the right questions?" Oncology social workers who are capable of inventive problem solving will be noticed and rewarded, and the key to tomorrow's leadership opportunities may be building our capacity for everyday creativity today. This presentation will explore the creative process and offer tips and tools to improve your capacity for innovation in the workplace. If you feel bored, stuck, or uninspired, this interactive presentation is for you. Learn to think like an artist and see like a child. Hone your capacity for everyday creativity and become the innovative leader you aspire to be.

Keywords: Leadership/Administration; Self Care

Presentation Level: Intermediate



Learning Objectives:

1. Identify the four components of divergent thinking and two divergent thinking tools used for creative problem solving.
2. Demonstrate some of the common pitfalls when evaluating ideas and be able to summarize the primary elements of convergent thinking, in the context of creative problem solving.
3. Describe hedonic adaptation and explain how it hampers our observational skills

P204

Wednesday, May 31
4:00p.m. - 5:00 p.m.

Sorting Through Piles: Tools, Techniques and Interventions to Support Patients with Hoarding in Outpatient Oncology

Andrea Lehman, MSW, LCSW; Dena Wellington, MSW, CSWA

Abstract Summary:

This presentation will focus on the dynamics raised by working with someone impacted by hoarding including features of the diagnosis, barriers to care, appropriate interventions and ethical concerns. It will explore the role of social work in guiding the interdisciplinary team about trauma-informed care for persons experiencing hoarding in the context of a new cancer diagnosis. Discussion will involve the behavioral challenges arising in response to this new trauma and how oncology social workers can assist patients without re-traumatization. Motivational interviewing and harm reduction strategies will be discussed to assist patients with hoarding in successfully completing cancer treatment. The person with a lived experience of hoarding will be discussed using case examples explored through a trauma-informed approach to educate social work practice and guide conversation. Ethical questions will be explored around social work responsibility to the patient, staff, doctors, and the community when working with an individual impacted by hoarding.

Keywords: Clinical Practice/Skill Building; Ethics

Presentation Level: Intermediate

Learning Objectives:

1. Explain and understand hoarding disorder, trauma impacts, treatment implications and appropriate interventions for persons with hoarding in an outpatient oncology center.
2. Design tools to support staff in working with patients experiencing hoarding and trauma, as well as how to navigate conflict among team members related to caring for a person with a lived experience of hoarding and cancer.
3. Identify ethical considerations in treating persons with a lived experience of hoarding in the current medical model

P301

Wednesday, May 31
5:15 p.m. – 6:15p.m.



Can You Hear Me Now: Telehealth as a Solution to Rural-Urban Health Disparities

Melissa Broussard, MSW, LCSW

Abstract Summary:

The Institute of Medicine identified rural areas as potentially disparate in healthcare delivery. Patients residing in rural areas can face many barriers in accessing appropriate healthcare services in not only medical care, but in access to ancillary services as well. As the NASW Code of Ethics reminds us, social workers have an ethical responsibility to strive to ensure equitable opportunities for all. Telemedicine offers a possible solution in bridging patients in more remote areas with urban healthcare facilities and their resources. This presentation will explore the disparities apparent in rural vs. urban healthcare and the ethical considerations in addressing these inequities. Additionally, we will explore the ethical considerations in the use of technology to connect patients to services and resources in an effort to fill in the equity gap and show how one center is connecting their urban and rural centers to ensure all patients have access to ancillary services.

Keywords: Ethics; Special Populations

Presentation Level: Introductory

Learning Objectives:

1. Identify at least two barriers to healthcare access faced by patients living in rural areas.
2. Explain ethical considerations in the need to address rural vs. urban health disparities.
3. Describe ethical considerations in the application of telemedicine services.

P302

Wednesday, May 31

5:15p.m. – 6:15p.m.

Teams in Oncology Care: Elevating the Art of Teamwork and the Role of Social Work

Iris C. Fineberg, MSW, PhD, ACSW, OSW-C

Abstract Summary:

Teams are the model of care provision in most settings of oncology care. Teamwork requires numerous skills, many of which social workers learn in their core professional education. Varied models of team composition and team interaction exist in oncology, and an understanding of these is necessary for working well within teams. Modern day teams may include both health care professionals and non-professionals, demanding an even greater attention to the knowledge of team members' contributions and roles. Disciplinary diversity offers several advantages to teamwork, including promotion of care access and equity. This session will present characteristics and processes that elevate the art of teamwork, contributing to high quality patient and family oncology care. In addition, specific discussion of the roles of social work in the team will highlight the breadth, depth and importance of these roles.

Keywords: Interdisciplinary Care; Clinical Practice/Skill Building

Presentation Level: Intermediate

Learning Objectives:

1. Identify models of team composition and interaction in oncology



2. Describe the advantages of disciplinary diversity
3. Identify the roles of social work in oncology teamwork

P303

Wednesday, May 31

5:15 p.m. – 6:15 p.m.

Considering Running a Group: Now What? Strategies for Building and Facilitating a Successful Oncology Support Group

Michelle Abraham, MSW, LCSW, OSW-C; Nancy Bourque, MSW, LCSW, OSW-C

Abstract Summary:

Support groups can improve quality-of-life outcomes for oncology patients. While support groups are well-established interventions in cancer care, and commonly offered in outpatient settings, use rates are low. One way that social workers can improve the psychosocial care provided is through obtaining patient feedback on programming through conducting a needs assessment (Snow et al, 2016). This workshop will review strategies for conducting a needs assessment, recruitment, ways to maintain group attendance and cohesion, as well as strategies for handling challenges frequently associated with groups. This workshop will also focus on the unique needs of oncology patients and caregivers.

Keywords: Clinical Practice/Skill Building;

Presentation Level: Introductory

Learning Objectives:

1. Cite examples of basic principles of group work and group dynamics.
2. Identify strategies for support-group recruitment.
3. Identify strategies for overcoming challenges in clinical practice with groups

P304

Wednesday, May 31

5:15 p.m. – 6:15 p.m.

Therapeutic Presence in Illness and End-of-Life: Sounds Simple, So Why is it So Hard?

Cheryl Hughes, MA, MSW, LICSW, OSW-C; Richard Dickens, MS, LCSW-R

Abstract Summary:

One of the many challenges for oncology social workers is that our role requires we attend to patient and family needs throughout the continuum of care, even when there is little to do or say. At these times, the best action is to simply be present. And there are times when doing gets in the way of being, becoming an escape from the reality that we cannot change outcomes. If being present is the foundation of all we do, not the fallback option, maybe we should know a little more about what it is, and ways to enhance this capability. This presentation will involve attendees in structured activities and discussion about presence, while exploring its role in other disciplines. In addition, the presenters will



provide a variety of established practices to help oncology social workers find their own presence when action is not possible.

Keywords: Clinical Practice/Skill Building; Self Care

Presentation Level: Introductory

Learning Objectives:

1. Define and describe therapeutic presence and the role it plays in oncology and end-of-life social work, including a review of the research on the polyvagal theory.
2. Describe foundational aspects of social work in acute care and crisis; and identify the impact of stress on social workers to document and be active with patients and caregivers.
3. Apply practical exercises to help reduce stress in crisis situations, and increase awareness of, and the need for therapeutic presence in the clinical setting

P305

Wednesday, May 31

5:15 p.m. – 6:15 p.m.

Where Do We Go From Here?: Reinvention and Meaning-making in Survivorship

Lorelei Bonet, MSW, LCSW, OSW-C

Abstract Summary:

Cancer patients strive to complete treatment and believe that its conclusion will signal a return to “normal”. What many find upon completion of treatment can be disappointing. The structure and level of attention inherent to the treatment phase of illness fall away. Challenges in survivorship include financial strain and decreased quality of life, fear of recurrence, insomnia, anxiety and depression. Research is increasingly highlighting the link between stress and recurrence. This talk will explore the experience of survivorship as an “in-between space” within the cancer experience. Between past and future, illness and health, known and unknown. Using literature from the fields of nursing, social work, psychology and others, this paper will explore how we as clinicians can create meaning and fill the gaps for patients once they have completed treatment. To foster a sense of possibility and inspiration in working with the survivor population.

Keywords: Survivorship; Clinical Practice/Skill Building

Presentation Level: Introductory

Learning Objectives:

1. Compare what is expected by cancer patients of the survivor/post-treatment experience, with what is often actually experienced.
2. Demonstrate that even in the absence of a concrete strategy or active plan, social workers can make meaning of the cancer experience and allow the patient to re-invent themselves.
3. Illustrate how to conceptualize and work with the issues of survivorship, both preemptively and after conclusion of treatment.



Poster Presentations*: Wednesday, May 31 6:30 p.m. – 8:30 p.m.

*Please note: Poster session is not eligible for CEs

PO1

From Compassion to Action: The Development of a Formal Bereavement Program

Frances Becker, MSSW, LCSW, OSW-C; Elizabeth Barnett, MSW, LMSW (provisional); Areden Church, MSW, LMSW

Abstract Summary:

The Bennett Cancer Center's Cancer Support Services Program focused attention on the needs of bereaved families at our center. This necessitated a multidimensional process: taking an objective look at how patient deaths were being communicated, gathering data on numbers of deaths, developing a plan to gain institutional support and buy-in from policymakers, and developing a formal bereavement program. Our paper outlines the steps taken to ensure institutional acceptance, the changes that were instituted, and our efforts to date. Importantly, we gained a program champion, an experienced Medical Oncologist who has proactively assisted in communicating the need for bereavement support. Our efforts include the creation of the multidisciplinary Bennett Cancer Center Bereavement Committee, a Bennett Cancer Center Resource Guide, a personalized condolence card, and a process for a follow up phone call to offer individual counseling with a view toward the establishment of a bereavement support group for our patients' families.

Keywords: Pain, Palliative Care and End of Life; Education

Presentation Level: Intermediate

PO2

Snap and Chat: A Creative Connection for Young Adult Patients

Kristy Case, MSW, LCSW, OSW-C; Jean-Marie Rosone, MSW, Cht, OSW-C, Reiki Master, Energy Work Healer

Abstract Summary:

Young adults diagnosed with cancer experience distinct challenges. Many young adults today connect via social media to break their isolation, find information and develop a support network. That being said, there is also great value in creating a face to face environment to foster a different type of meaningful connection. Creating a merge between these two worlds of technology and human interaction is a way to capture young adults for psychosocial support. Snap & Chat was created to foster support using current technology i.e. smart phone photos in a time-limited, weekly, topic driven support group for young adults. Weekly topics were created with the intention to foster discussion around common emotions and experiences related to being a young adult with cancer and included teaching practical coping skills through mind/body techniques. Utilizing technology to attract young adults appears to be an effective way to meet the psychosocial needs of this population.

Keywords: Adolescent and Young Adult; Special Populations

Presentation Level: Intermediate



PO3

Wednesday, May 31

Feasibility of the Cancer Distress Coach App for Managing Post-Traumatic Stress

Sophia Smith, PhD, MSW

Abstract Summary:

Cancer survivors frequently suffer from post-traumatic stress (PTS) symptoms. Our team re-versioned the mobile app developed primarily for war veterans, PTSD Coach, for cancer survivors who are suffering from PTS. The acceptability and potential efficacy of the Cancer Distress Coach (CDC) app was achieved through eight weeks of feasibility testing on iOS devices. Most participants (86%) reported that CDC provided practical solutions to their problems and almost half (48%) reported a PTSD Checklist – Specific (PCL-S) reduction ≥ 5 points (i.e., a minimum threshold for response). The mean reduction in PCL-S and DT scores from baseline to Week-4 and baseline to Week-8 was 5.8 (SD = 1.8; $p = .003$) and 1.6 (SD = 2.8; $p = .02$), respectively. CDC was well received and use of it was associated with significant reductions in PTS and distress symptoms. A randomized clinical trial is being planned to examine causality.

Keywords: Research; Survivorship

Presentation Level: Intermediate

PO4

There's an App for That: Evaluating the Feasibility of Using a Mobile App to Track Oncology Patient Navigation Activities/Outcomes

Elizabeth Rohan, MSW, PhD, LCSW

Abstract Summary:

CDC's National Comprehensive Cancer Control Program (NCCCP) supports the implementation of evidence-based interventions to prevent and control cancer. Both the NCCCP and the field of Patient Navigation lack standardized metrics to measure Patient Navigator (PN) effectiveness. This study aims to fill that gap by evaluating the ability of the Project ECHO[®] Community Health Worker (CHW) Mobile App to track PN interventions in NCCCP cancer programs across the country. This mobile app provides a formalized, consistent infrastructure for tracking PN activities and measuring patient outcomes. Nine PNs affiliated with 6 NCCCP programs across the country agreed to use the app for eight months. Preliminary results show the app's appropriateness for documenting PN activities. This evaluation provides a better understanding of the elements needed to measure the impact of PNs on cancer screening and treatment adherence by providing a formalized and consistent infrastructure for tracking PN processes.

Keywords: Patient Navigation; Special Populations

Presentation Level: Intermediate

PO5

The Process of Providing Stem Cell Transplants to Undocumented Patients

Sarah Stapleton, MSW, LCSW; Deirdre Sekulic, MSW, LCSW



Abstract Summary:

As we try to provide comprehensive medical and psychosocial care to patients, those with emergency Medicaid pose some of the greatest challenges. This presentation focuses on how we have partnered with legal services to obtain an immigration status known as PRUCOL (Person Residing Under the Color of Law) in an effort to be able to offer stem cell transplants which are not covered under emergency Medicaid. Five case studies will be presented in detail to illustrate the risks involved to the patient both legally as well as psychosocially. How ethical dilemma of having medical procedures that are lifesaving but withheld due to insurance constraints impacts the patient, family and providers.

Keywords: Advocacy; Specialized Needs

Presentation Level: Introductory

PO6

The Psychosocial Implications of Transplanting a Homeless Patient

Sarah Stapleton, MSW, LCSW; Deirdre Sekulic, MSW, LCSW

Abstract Summary:

The Montefiore Einstein Center for Cancer is located in Bronx, New York and serves a both medically and socially complex patient population. This presentation will begin with an introduction to the housing system within New York City as well as the current housing crisis. We will discuss how the social work team collaborates with the hospital's house at risk program to facilitate housing in varying forms that allows for patients to continue to receive treatment. Three case presentations will illustrate the difficulties of housing individual with multiple medical problems transitioning to how this impacts psychosocial clearance for stem cell transplant candidates. How the lack of clear psychosocial criteria then impacts the social worker's role in determining readiness for transplant. Ultimately we will open the discussion to the bioethics consideration of withholding care due to circumstances out of a patient's control.

Keywords: Special Populations; Education

Presentation Level: Introductory

PO7

Coping with Advanced Cancer: A Retreat for Patients and Caregivers

Elaine McDonald, MSW, LICSW

Abstract Summary:

Patients with advanced cancer report feelings of isolation and distress in the last phase of their lives. Patients report that it is often difficult to talk with family and friends about their cancer journey. The Rhode Island Comprehensive Cancer Center offered a one day retreat for patients with advanced cancer and their caregiver. Patients of the four Rhode Island Comprehensive Cancer Center sites were invited to attend. The retreat offered varied activities such as educational programs on palliative care and coping, as well as an art/legacy interactive workshop. The day concluded with two group sessions (one for patients, one for caregivers). The participants were surveyed at the conclusion of the retreat. All of the participants felt the retreat helped them to learn new coping skills and all stated they would recommend the program to others.



Keywords: Special Populations; Pain, Palliative Care and End of Life

Presentation Level: Introductory

PO8

Lost in Translation: Mitigating Gaps in Service for Spanish-Speaking Patient Populations

Melissa Potter, MSW, LMSW, LCSW-A

Abstract Summary:

St. Francis Cancer Center encounters an ever-diversifying population, including many Spanish-speakers. The interdisciplinary implementation of the Spanish Language Initiative including the addition of a Spanish-English bilingual lay navigator and formation of a Spanish language spiritual support group hopes to improve the quality and availability of culturally sensitive interpretation and patient care. We aim to increase patient satisfaction and reduce oncology related hospital admissions through outreach to and inclusion of our Spanish speaking patients.

Keywords: Special Populations; Patient Navigation

Presentation Level: Introductory

PO9

Vision and Experience: Ten Years of Teaching Survivorship to Breast Cancer Patients

Kim Day, MSSA, LISW-S, OSW-C

Abstract Summary:

Survivorship program development continues to be a focus for AOSW members. Institutions around the country are at different stages of preparing survivors for what follows active treatment. This poster is intended to provide AOSW members who are currently looking to create survivor initiatives with information about the content and format of one particular initiative. This poster will provide a detailed exploration of the two hour class, "Orientation to Survivorship", a program designed to meet the specific needs of women with breast cancer who have completed treatment. A detailed outline of the curriculum which is divided into physical, emotional and existential aspects of recovery, will be provided along with a list of material and resources given to patients. Themes that have emerged over the years and ideas for future directions will be discussed.

Keywords: Education; Clinical Practice/Skill Building

Presentation Level: Introductory

PO10 -- WITHDRAWN

PO11

Rural Oncology Care in Native America: Existing Knowledge, Services, and Barriers

J. Sky Niesen Smith MSW, DSW Candidate, LICSW

Abstract Summary:

This presentation is based on a conceptual paper of a literature review of existing knowledge related to rural psychosocial oncology from a diverse perspective, specifically in rural Native American cancer patients. This product will explore the relatively sparse publications in this area and attempt to clarify suggestions for future research designs. Additionally, this product will explore literature related to



culturally sensitive psychosocial oncology practices in the context of rural Native America. Barriers to service, such as historical oppression, discriminations, transportation, and lack of culturally responsive services will be discussed.

Keywords: Special Populations; Clinical Practice/Skill Building

Presentation Level: Intermediate

PO12

Feasibility and Acceptability of Three Behavioral Interventions for Breast Cancer Survivors with Clinically Significant Fear of Cancer Recurrence

Jill Dodson, MS, LSW, LMHC, LMFT; Shelley Johns, PsyD, Clinical Psychology, Licensed Clinical Psychologist

Abstract Summary:

Fear of cancer recurrence (FCR) is one of the most prevalent, persistent, and disruptive sources of distress for cancer survivors. Despite the recognized prevalence and persistence of FCR, few empirically supported treatments exist. The objective of this randomized controlled pilot was to assess the feasibility and acceptability of three behavioral interventions tailored to the needs of breast cancer survivors (BCS, n=91) with clinically-significant FCR: (1) Acceptance and Commitment Therapy (ACT), (2) Survivorship Education (SE), and (3) Enhanced Usual Care (EUC; provision of reading materials). In total, 60.7% of eligible BCS enrolled in the trial. Retention was 94.5% through 1-month post-intervention follow up. ACT and SE participants rated their interventions as being significantly more helpful and more satisfying than EUC (all $p < 0.0001$). Findings suggest that BCS are interested in behavioral interventions to address FCR. Active and engaging interventions may be perceived as more satisfying/ helpful than provision of reading materials alone.

Keywords: Survivorship; Disease Type (ovarian, lung, GYN, etc.)

Presentation Level: Intermediate

PO13

What do Oncology Social Workers Do for Patients and Families After Distress Screening? An Instrument to Describe Social Work Response

Julianne Oktay, MSW, PhD

Abstract Summary:

Research on distress screening and its implementation has rapidly expanded as a result of the Commission on Cancer's (CoC) mandate. However, we still know little about psychosocial services provided for patients demonstrating significant distress. This poster describes the ways that social workers respond to patients identified through distress screening.

Methods: In 2014, the Association of Oncology Social Work established A Project to Assure Quality Cancer Care (APAQCC), a practice-based research network comprised of 65 cancer programs in the United States and Canada.. Content analysis organized approximately 3,000 responses into categories, from which an index of social work activity was developed.

Results: The index describes two types of interventions: educating, connecting patients and families to resources, and advocating, and emotional support and counseling.



Conclusions: We have developed a new instrument that has the potential to document clinical oncology social work activity in the provision of psychosocial care.

Keywords: Research; Distress/CoC

Presentation Level: Introductory

PO14

Addressing Disparities in Psychosocial Support for Rural Cancer Survivors

Kari Hilwig

Abstract Summary:

This poster presents a literature review of current research which highlights the lack of adequate psychosocial support services for rural cancer survivors and the implications for their health outcomes and quality of life. Research shows that disparities in psychosocial needs and existing support services exist between urban and rural cancer survivors. This research provides information on specific strategies and programs that target the rural cancer survivor population to meet their unique psychosocial needs.

Keywords: Survivorship

Presentation Level: Introductory

PO15

Evaluation of Lung Cancer Support Group Participation: Preliminary Results

Kate Abramson, MSW, LICSW

Abstract Summary:

This study evaluates the psychosocial benefits of seven new in-person lung cancer support groups on the greater unmet needs and higher high rates of distress those with lung cancer experience. These are preliminary results from the first group with further data included through March 2017. Baseline and follow-up questionnaires at 6 months were administered. Most participants were white female survivors with an average age of 54.8. Over 50% were diagnosed at Stage IV. At six months, a significant decrease in overall distress was found but no change in positive affect or loneliness. Eighty percent strongly agreed the group helped them be more prepared to manage their disease. Participants also felt more interested and determined, however isolation remained unchanged. All participants would recommend the group to others. Preliminary results show potential psychosocial improvements related to decreased distress, increased self-efficacy and positive benefits from group participation.

Keywords: Research; Survivorship

Presentation Level: Introductory

PO16 – WITHDRAWN

PO17

Tracking the Data: Proving Worth of Oncology Social Work Services in Rural Setting

Caroline Collins, MSW, LCSW

Abstract Summary:

The benefit of oncology social work intervention in a person centered approach to healthcare has been



demonstrated and recommended. However, the changing reimbursement rates could lead to loss in Clin revenue in hospitals and outpatient oncology clinics. This poses a potential difficulty for oncology social workers. How can oncology social work service grow or even maintain in settings where hospitals are preparing for potential cutbacks? This poster presentation explores one model developed to identify outcomes that demonstrate the financial value of social work to an outpatient oncology setting.

Keywords: Professional Issues; Interdisciplinary Care

Presentation Level: Introductory

PO18

¿Te Gusta? Use of Social Media to Improve Access to Cancer-Related Information and Emotional Support Among Spanish-Speaking Latinos

Rachel Allende, MSW, LICSW; Angelee Russ-Carbin, MSW, MPH, LICSW

Abstract Summary:

Spanish-speaking Latinos are increasingly utilizing social media for communication within their social networks, however health education and outreach efforts to this population via social media remain limited. Latinos with low English fluency tend to obtain health information from Spanish-language media, family, or community groups. Facebook, as a media platform that connects both familial and social networks, incorporates these sources. A Facebook page in Spanish was created for Latinos to receive information on cancer treatment, prevention, and psychosocial resources as well as to connect with others who have a cancer diagnosis. This descriptive study will evaluate a) the degree of participant engagement; b) frequency and typology of expressions of emotional support; and c) changes in attendance at posted events. If these interventions prove efficacious in reaching an underserved population that encounters barriers to accessing health information, such practices may be translatable to other non-English speaking populations across social media platforms.

Keywords: Special Populations; Specialized Needs

Presentation Level: Introductory

PO19

The Effectiveness of Solution-Focused Brief Therapy for Distress of Chinese Parents of Children with Cancer Diagnoses: A Randomized Controlled Trial

Anao Zhang, MSW, LCSW, ACSW, ACT; Jennifer Currin-McCulloch, MSW, LMSW, OSW-C

Abstract Summary:

This study reports results from a randomized controlled trial of Solution-focused brief therapy for distress among parents of children diagnosed with cancer in China. Given the prevalence of pediatric cancer diagnosis and the important role of familial/parental care during a child's treatment, limited research has examined psychosocial interventions for parental distress among this unique population. Results from this pilot RCT revealed that SFBT was most effective for parental depression and anxiety, and could potentially be beneficial for parents' somatic symptoms. Results of the study also indicated that SFBT is a promising intervention for parents of children with cancer diagnoses in a hospital setting. SFBT was also found being a culturally competent approach when being delivered to the Chinese parents.



Keywords: Distress/CoC; Research

Presentation Level: Intermediate

PO20

Clinical Applications of Theories of Resilience and Emerging Adulthood for AYA Cancer Survivors

Casey Walsh, MSW, LCSW; Jennifer Currin-McCulloch, MSW, LMSW, OSW-C; Barbara Jones, MSW, PhD

Abstract Summary:

Adolescent and young adult (AYA) cancer survivors face unique psychosocial stressors, including fear and uncertainty regarding death, recurrence, severity of side effects, interruptions in school/work, and peer relationships are common stressors among adolescent and young adult (AYA) cancer survivors. Oncology social workers are positioned in the field to provide therapeutic services and supports to help AYAs navigate these concerns. Drawing upon the Theory of Emerging Adulthood (Arnett, 2000), which identifies love, work, and worldviews as the main areas of identity exploration, and the Resilience in Illness Model (Haase, Kintner, Monahan, & Robb, 1999), which provides a conceptual model for understanding how positive health factors and risk factors may impact resilience outcomes, this interactive session facilitated by oncology social work clinicians and researchers will explore the unique developmental needs of the AYA age group and how we can help foster healthy coping throughout the cancer care continuum.

Keywords: Adolescent and Young Adult; Survivors

Presentation Level: Introductory

PO21

Firing Up Instead of Burning Out: Tales from the Front-Line of the Cake Committee

Lora Rhodes, MSW, LSW; Gregory Garber, MSW, LCSW, CCM; Alison Petok, MSW, MPH, LCSW

Abstract Summary:

The existing literature on supportive care for social workers centers heavily around self-care and supervision. This framework of care does not allow for the needs of the social worker to be equally regarded in a setting where they are not only supporting patients, but also other oncology staff. One oncology clinic has been utilizing their own model of supportive care that recognizes and accounts for some of the needs and support that social workers can benefit from in the work place. This interactive presentation will feature case studies and activities about supportive care for oncology social workers that reaches outside of the bounds of the traditional framework and that acknowledges social workers' unique position within an oncology setting.

Keywords: Self Care

Presentation Level: Introductory

PO22

What Patients and Partners Want in Interventions that Support Sexual Recovery After Prostate Cancer Treatment

Daniela Wittman, MSW, PhD, LSW, CST



Abstract Summary:

Sexual health interventions in prostate cancer have been generally designed by clinicians or researchers. It is important to learn what is important to patients and partners and design interventions based on their preferences. We conducted focus groups and interviews with heterosexual and gay patients and partners and learned that they desire early preparation for sexual dysfunction after treatment and options for rehabilitation. They asked for assistance coping with grief, attention to partner needs, greater providers' comfort with gay sexuality and access to peer support. Web based approach was acceptable. Patients and partners want both physiologic and psychosocial support. A web-based approach may improve access to care.

Keywords: Research; Survivorship

Presentation Level: Introductory

PO23 – WITHDRAWN

PO24

Washington State Death with Dignity Act: The Social Work Role as Patient Advocate at Seattle Cancer Care Alliance

Katie Seitz, MSW, LICSW; Colleen Duran, MSW, LICSW

Abstract Summary:

The Death with Dignity Act, known in the state of Washington as Initiative 1000 and codified as RCW 70.245, is a law that allows people over the age of 18 with six months or less to live to request medication from a physician that will end their life. This law was passed in WA State in 2008. Death with Dignity (DWD) has become an important option in end of life care in Washington. The Social Work role is fundamental to the program at Seattle Cancer Care Alliance. Social Workers act as advocates for patients pursuing this entitlement. Social Workers assess patients' end of life goals and aid the medical teams as well as patients throughout the process. Additionally, Social Workers help patients navigate the often overwhelming integration of end of life care services. These services may include Palliative Care and Hospice together with their right to choose Death with Dignity.

Keywords: Advocacy; Pain, Palliative Care and End of Life

Presentation Level: Introductory



Thursday, June 1, 2017

PS101 – Distress Screening Paper Symposium

Thursday, June 1

8:30 a.m. – 10:00 a.m.

Psychosocial Distress Screening and Medical Service Utilization: A Report from AOSW's Project to Assure Quality Cancer Care (APAQCC)

Brad Zebrack, PhD, MSW, MPH; Karen Kayser, MSW, PhD

Abstract Summary:

Under the auspices of AOSW's Project to Assure Quality Cancer Care (APAQCC), this study examined the extent to which cancer programs demonstrated adherence to their own prescribed screening protocol, and whether adherence to that protocol was associated with medical service utilization. The hypothesis was that higher rates of missed appointments, emergency department (ED) use, and hospitalizations would be associated with lower rates of adherence to screening protocols. Review of 8,409 EHRs across 55 cancer centers indicated that the overall adherence rate to screening protocols was 62.7%. Risk ratios for missing a scheduled appointment (0.81), ED use (0.82), and hospitalization (0.81) suggest that when overall protocol adherence was documented, 18%-19% of patients avoided what may have been unnecessary use of medical services. The observed associations between a mandated psychosocial care protocol and medical service utilization are notable as they potentiate opportunities for operational efficiencies and costs savings.

Keywords: Research; Distress/CoC

Presentation Level: Intermediate

Learning Objectives:

1. Explain the extent to which cancer programs are adhering to their own prescribed psychosocial screening protocols,
2. Describe how distress screening is associated with medical service utilization.
3. Analyze data demonstrating the impact of psychosocial care on institutional outcomes

Are We Really Making Any Progress In Distress Screening?

James Zabora, ScD, MSW, APOS Fellow; Nina Miller, MSSW, OSW-C

Abstract Summary:

This presentation and discussion will help participants understand the important role that distress screening has in the provision of psychosocial care for oncology patients. The role of the social worker in the process will be discussed in detail. Screening tools, methodology and other details will also be discussed. Compliance with Commission on Cancer standards will also be included.



Keywords: Distress/CoC; Leadership/Administration

Presentation Level: Intermediate

Learning Objectives:

1. Describe history of and research basis for distress screening methodology along with a review of the various screening tools available.
2. Evaluate the components of the process to address the psychosocial needs of oncology patients including screening, comprehensive assessment, referral and the development of intervention plans.
3. Identify the components of the distress screening process required by the Commission on Cancer for compliance with Standard 3.2.

Screening for Psychosocial Distress in Cancer Patients: Does Resource Utilization Lead to Lower Distress?

Kareen Tonsing, PhD, LSW; Martha Vunkhanching, PhD, LSW;

Abstract Summary:

Due to elevated levels of psychosocial distress consistently observed in cancer patients and its association with poor quality of life, poor adherence to treatment, and stronger assistance needs, screening and continuous monitoring of psychological distress in cancer patients throughout the disease trajectory has been recommended. The purpose of this study was to examine the presence of distress in cancer patients and factors contributing to that distress. We also explored whether there was any difference in distress levels among patients who utilize resources or not. Data was collected twice, once at baseline (Time 1), and again at four weeks after patients received treatment (Time 2). Based on survey data from 28 patients, results showed that self-reported distress was high at both Time 1 and 2. However, the levels of distress was lower at Time 2 among patients who utilized resources. Implications for healthcare professionals will be discussed.

Keywords: Distress/CoC; Patient Navigation

Presentation Level: Introductory

Learning Objectives:

1. Describe efficacy for the use of Distress Thermometer as rapid screening tool for assessing distress in cancer patients
2. Explain the implications for healthcare professional in early detection of psychosocial distress in cancer patients
3. Demonstrate the importance for practitioners and healthcare providers to identify gaps in local resources and find ways to bridge the gap between cancer patients and local resource

Implementing and Sustaining a Screening for Distress Program: Going Beyond Distress Scores

Carole Mayer, PhD



Abstract Summary:

This presentation will describe how screening for distress was implemented in rural and remote community oncology clinics from 2009 to 2011 on the principle of equity to align with the delivery of oncology care offered at a tertiary cancer centre. Data will be presented demonstrating how the initiative continues to be sustained with some of the successes and ongoing challenges. Attendees will learn about the Knowledge Translation (KT) plan and Integrated Knowledge Translation (iKT) strategy that was applied to engage 14 community hospitals in screening for distress. The evidence based guidelines that support clinical intervention in response to distress scores will be highlighted with the accompanied patient guides.

Keywords: Distress/CoC; Research

Presentation Level: Intermediate

Learning Objectives:

1. Demonstrate how screening for distress programs can be implemented and sustained through a knowledge translation strategy
2. Evaluate the screening for distress scores completed by patients receiving chemotherapy and discuss the clinical implications for responding to scores.
3. Describe the evidence based guidelines developed to support clinical practice when responding to symptom scores and the accompanying patient guide

PS102 – Support Group Paper Symposium

Thursday June 1

8:30 a.m. – 10:00 a.m.

A Hybrid Online and In-Person ACT-Based Group Intervention for People Living with Metastatic Cancer

Jill Mitchell, PhD, MSW, MA, LCSW, OSW-C

Abstract Summary:

Patients with metastatic cancer are often challenged by significant distress, anxiety, and a need for psychosocial support. However, even when cancer centers are able offer resources, people with advanced cancer may have a difficult time accessing multiple in-person group sessions. Combining in-person and internet-based interventions may offer a strategy to increase accessibility, impact, and efficiency of support for our patients. This presentation will discuss the development of a mixed-modality (online and in-person) group intervention for advanced cancer patients. The intervention is based on Acceptance and Commitment Therapy, which has been shown to have a positive impact on anxious cancer survivors, and which may be useful in facilitating advanced care planning. The ACT approach will be discussed in the context of working with people with cancer. The presentation will also highlight some of the considerations, challenges and potential benefits of incorporating online interventions in oncology social work.

Keywords: Research; Clinical Practice/Skill Building



Presentation Level: Intermediate

Learning Objectives:

1. Formulate an overview of an ACT-based approach for working with cancer patients.
2. Evaluate a model in development for a hybrid online and in-person intervention for metastatic cancer patients.
3. Express some of the considerations, challenges, and potential benefits of integrating online modalities into oncology social work practice.

Ten Years and Running - A BRCA+ Support Group for Young Women

Lisa Sevanick, MSW, LCSW

Abstract Summary:

Women with a BRCA1 and BRCA2 gene mutation face a significant increase in lifetime breast and ovarian cancer risk. Young BRCA+ women are uniquely impacted by recommendations for surveillance and risk reducing bilateral mastectomy and oophorectomy (often before age 40). Carriers may feel isolated from their peers at a young age with pressure to form committed relationships and expedite family planning. Fear of cancer or mortality may also be present. Learning about one's own risk has implications for family members and future generations. In 2006 the Clinical Director of the Cancer Screening Program at our center launched an ongoing social work facilitated support group for this underserved population focused on emotional, psychological and informational sharing. It has been running for 10 years and is a potential model for the development of similar groups.

Keywords: Clinical Practice/Skill Building; Specialized Needs

Presentation Level: Intermediate

Learning Objectives:

1. Define the complex impact of a BRCA1/2 mutation in young women of reproductive years and the risk for chronic psychosocial distress.
2. Describe the conceptual framework and development of an ongoing, social work facilitated, monthly support group for this underserved population.
3. Plan similar oncology social work led professional support groups for this population

Developing and Implementing a Video Conference Support Group Across a Large Network of Cancer Centers: Lessons Learned

Joseph McConico, MSW, LCSW; Bryan Kluttz, MSW, LCSW, OSW-C; Patrick Meadors, MS, PhD, LMFT

Abstract Summary:

Oncology Social Workers (OSWs) are challenged on a daily basis to efficiently and innovatively expand psychosocial services to underserved communities. Carolinas HealthCare System: Levine Cancer Institute (LCI) has developed its own Video Conference Support Group (VCSG) model, which delivers high quality psychosocial care in a blended psychoeducational and supportive expressive approach to capture a



wider, more rural audience and also serve cancer types with fewer incidence rates. This presentation presents the best practices and implementation challenges from the OSW and administrative perspective when implementing a VCSG model. These implementation and facilitation strategies are pertinent to OSWs who may be exploring innovative ways to improve access to care and/or replicate their own VCSG model.

Keywords: Clinical Practice/Skill Building; Education

Presentation Level: Introductory

Learning Objectives:

1. Describe the model for implementing a video conference support group linking multiple hospitals within the same cancer center network.
2. Identify barriers to psychosocial care that can be alleviated by implementing a video conference support group
3. Explain best facilitation practices for a video conference support group to maintain effectiveness and authenticity of patient care

The Unsung Heroes: Cultivating Work Life Balance of Unlicensed Staff Through a Staff Support Group at an Oncology Center

Marsha Clarke, MSW, LCSW-R, OSW-C

Abstract Summary:

Research has shown that staff support in health care, especially in oncology is vital to having happy staff which translates into happy patients. Too often this necessary staff support to help staff balance the daily pressures and demands of their jobs sometimes gets relegated to a low priority (Hartkey & Kennard 2009). Often ancillary staff's relationships with and the support they provide patients and families goes unrecognized, as does their grief and accumulated losses. Ancillary or unlicensed support staff includes security, environmental, foodservice and bus drivers to name a few. While most of the available research literatures focus on the effects of professionals such as nurses, physicians and social workers and the impact of working in an oncology setting, unfortunately, there is a dearth of information available on ancillary staff and their exposure to working in an oncology setting. (Cashavelly, et al,2008).

Keywords: Advocacy; Self Care

Presentation Level: Introductory

Learning Objectives:

1. Demonstrate and promote the value of support groups as a means to strengthen open communication and manage issues of stress and compassion fatigue.
2. Identify at least 4 areas that poses a challenge for ancillary staff in oncology.
3. Assess the impact of stress and or compassion fatigue on ancillary staff in oncology.



LI101 – LGBTQII Learning Institute

Thursday June 1

8:30 a.m. – 10:00 a.m.

LGBTQII Cancer Support: Recommendations for Psychosocial Care

Bill McDermott, MSW, LCSW; Penny Damaskos, MSW, PhD, LCSW-R, OSW-C; Bill Goeren, MSW, LCSW-R, ACSW, OSW-C

Abstract Summary:

Many in the LGBTQII cancer communities have limited psychosocial and community resources and are challenged by a medical system that ranges from insensitive and uneducated to hostile and discriminatory toward LGBTQI persons with cancer. The LGBTQI communities have been identified by the federal government as one of six minorities experiencing health disparities, meaning that the burden falls more heavily on these groups. There is a growing body of evidence suggesting that LGBTQI people have a greater risk of developing cancer than the general population.

The goal of this panel presentation is to review each subcategory of the LGBTQI communities affected by cancer, including issues related to health care disparities, identifying and addressing the specific clinical and service needs of these distinct groups, as well as highlighting the efficacy and impact of collaborative organizational relationships upon the quality of clinical individual and group services and programs to LGBTQI clients with cancer.

Keywords: Special Populations; Clinical Practice/Skill Building

Presentation Level: Intermediate

Learning Objectives:

1. Describe the special psychosocial and health care disparities related to the each subcategory of the LGBTQI populations affected by cancer.
2. Describe the specific psychosocial service and clinical needs and practices that are essential to providing quality of care to LGBT individuals affected by cancer.
3. List the specific issues related to establishing and maintaining group services to the LGBTQI communities affected by cancer.

Be the Change You Want to See: How You can be a Champion for LGBTQI Cancer Patients

Taylor Patton, MSW; Jennifer Bires, MSW, LICSW, OSW-C

Abstract Summary:

This presentation will provide social workers with information on how to interface with the LGBTQI community and supply several methods to accurately address their needs and create an affirming environment in which to receive excellent care.



Keywords: Special Populations; Specialized Needs

Presentation Level: Introductory

Learning Objectives:

1. Define terms related to lesbian, gay, bisexual, transgender, and queer (LGBTQI) communities
2. Describe health risks and challenges experienced by LGBTQI individuals
3. Identify Joint Commission and Centers for Medicare and Medicaid Services requirements for sexual orientation and gender identity inclusion and Implement strategies to create a welcoming environment for LGBTQI patients

LI102

Thursday June 1

8:30 a.m. – 10:00 a.m.

Writing a Life: Creativity and Generativity

Sandra Blackburn, MSW; Laura Kotler-Klein, DSW, LCSW; Matthew Stevenson, MSW, LCSW; Deborah Burnham, PhD

Abstract Summary:

This learning institute will instruct and inspire oncology social workers to create a dynamic, diverse and inclusive writing workshop for oncology patients, and also will include an immersive writing experience for attendees. We will begin with selected foundational principles of community writing, expressive writing, dignity therapy and legacy activities. We will then provide details on the comprehensive process of starting and sustaining a successful patient writing workshop, from conception to execution. We will present optimal techniques for recruitment of facilitators, determination of participant parameters, selection of location, marketing, and legal and liability concerns, such as ADA compliance and HIPPA protections. Participants will learn from our missteps and benefit from our success. Generativity, the final stage of development in the human life span (Erikson), is born of introspection and tied to meaning-making. Expressive writing contributes to the dignity of the individual and is a portal to the authentic self.

Keywords: Clinical Practice/Skill Building; Pain, Palliative Care and End of Life

Presentation Level: Intermediate

Learning Objectives:

1. Cite selected foundational and theoretical principles of community writing, expressive writing, generativity, and legacy work.
2. Design, implement and sustain a successful patient writing group
3. Utilize both the experiential and foundational principles of an extraordinary patient writing workshop in your oncology social work practice.



LI103

Thursday June 1

8:30 a.m. – 10:00 a.m.

Sticking with the Pain: Finding a Balance of Hope and Acceptance for Our Patients and Ourselves

Audrey Reich Loy, MSW, LCSW, LAC

Abstract Summary:

How do we sit with our patients as they contemplate their life and the potential for death, holding space for pain rather than trying to eliminate it? We may find that, like our patients, we vacillate on a continuum between “hope” and “numbing” while struggling to be present with our patients as they contemplate the existential experience of their cancer journey. Acceptance and Commitment Therapy (ACT) is an evidence based therapeutic modality that Oncology Social Workers can utilize with patients, as well as ourselves, to identify personal values and beliefs about life and death, and to build a tolerance for the challenging emotions we experience as we hold space for the experiences of our patients. Through the use of didactic presentation, discussion of case examples, and experiential activities, participants will gain evidence-based, therapeutic techniques that can be utilized with patients and with ourselves.

Keywords: Pain, Palliative Care and End of Life; Self Care

Presentation Level: Intermediate

Learning Objectives:

1. List three core principles of Acceptance and Commitment Therapy (ACT) as an evidence-based therapeutic modality.
2. Describe one’s own personal values and meaning surrounding mortality, pain acceptance, and death.
3. Identify two helpful strategies for increased self-compassion; self-acceptance; and comfort in working with life-threatening illness

LI104

Thursday June 1

8:30 a.m. – 10:00 a.m.

Using Dialectical Behavioral Therapy (DBT) Informed Practice for Disease-Related Anxiety

Lauren Kriegel, MSW, LSW

Abstract Summary:

Certain elements of a cancer diagnosis are universal including – fear, anxiety, and depression. Patients often feel lost and lacking the coping skills needed to better navigate the emotions they experience during cancer treatment. Dialectical Behavioral Therapy (DBT) can offer an exciting method of treatment with cancer patients. One of the most encouraging things about utilizing DBT informed practice is



empowering patients with a set of practical, easy to learn skills that can be used almost anywhere and at any time. DBT informed skills reduce feelings of helplessness and put the patient in the driver's seat of how they cope with their illness. Participants in this learning institute will receive an overview of the history and principles of DBT, have an opportunity to practice and apply them, and leave with a set of practical skills that can be introduced into their daily practice immediately.

Keywords: Clinical Practice/Skill Building

Presentation Level: Intermediate

Learning Objectives:

1. Identify and describe the four components of Dialectical Behavior Therapy.
2. Describe how all four components of Dialectical Behavior Therapy are inter-related.
3. Examine specific Dialectical Behavior Therapy skills that can be employed in the oncology setting.

P401

Thursday June 1

10:30 a.m. – 11:30 a.m.

Dire Decisions: Managing Family Conflict at the End of Life- Social Work's Vital Role.

Susan Hedlund, LCSW, OSW-C

Abstract Summary:

End of life care challenges families to make complex decisions. This is difficult even when the patient's choices are clear and family communication is good. It is more difficult in families with histories of conflict, and in which patient preferences are not clear. It is even more difficult when making decisions under duress. The oncology social worker is ideally positioned to help negotiate conflicts at the end of life. Oncology social workers are trained to assess family dynamics, help to clarify goals of care, interpret medical information, and support patients and families in medical health systems. Oncology social workers can assist the medical team in understanding the patient and family perspective through the lens of family systems and cultural humility and curiosity. This presentation will consider sources of conflict at the end of life, and consider a number of approaches used by social workers to mediate these issues.

Keywords: Pain, Palliative Care and End of Life; Clinical Practice/Skill Building

Presentation Level: Advanced

Learning Objectives:

1. Explain the prevalence of family conflict at the end of life, and the impact on medical team functioning as well as family outcomes.
2. Describe the role of the oncology social worker in mediating family and team conflict at the end of life. The lens of family systems and culture in end of life decision making will be highlighted.



3. Design models for decision making and oncology social work interventions in goals of care, family conferencing, and team communication

P402

Thursday June 1

10:30 a.m. – 11:30 a.m.

Acceptance and Commitment Therapy (ACT) to Reduce Distress in Oncology Patients

Beth Perlmutter, MSSW, LCSW, OSW-C

Abstract Summary:

With distress screening now prevalent, social workers are now turning to find ways to decrease psychosocial distress in patients. Acceptance and Commitment Therapy, often referred to as ACT, is an empirically based, behavioral approach to psychotherapy which seeks to increase psychological flexibility in individuals as a way to decrease psychological problems. ACT incorporates mindfulness meditation practices and behavior change strategies to help people live a value-directed life while working towards an acceptance of circumstances beyond personal control. Attendees will learn the background, theoretical underpinnings, and essential components of ACT such as defusion, establishment of a transcendent sense of self, and contact with the present moment. Through case examples, attendees will learn how to apply this dynamic intervention to help people with cancer develop the skills to decrease their psychosocial distress. Tools and handouts for use in psychotherapy with patients will be presented.

Keywords: Clinical Practice/Skill Building; Distress/CoC

Presentation Level: Intermediate

Learning Objectives:

1. Identify at least 3 of the essential components of ACT.
2. Describe the role of mindfulness in ACT.
3. Compare the components of ACT to decreasing distress in cancer patients.

P403

Thursday June 1

10:30 a.m. – 11:30 a.m.

Addressing the Needs of the Worried Well-Oncology Social Work in Cancer Genetics

Lora Rhodes, MSW, LSW; Colette Hyatt, MS, LGC

Abstract Summary:

Knowledge of genetic mutations associated with cancer risk is growing at an exponential rate. Currently more than 50 hereditary cancer syndromes have been identified. While historically the social work role



in genetics has been in the area of maternal and pediatric medicine, the burgeoning importance of cancer genetics presents a critically important role for oncology social workers. During this presentation, a genetic counselor and an oncology social worker will explain how advances in genetic testing are impacting cancer risk-reduction, diagnosis and treatment, and how these advances can manifest in psychosocial challenges for patients. Case studies will be presented to illustrate psychosocial issues facing individuals with hereditary cancer risk, and social work interventions used to address these issues. Strategies for incorporating oncology social work services into a cancer genetics clinic will be described. Finally, participants will be provided strategies for developing a similar program at their own institutions.

Keywords: Special Populations; Specialized Needs

Presentation Level: Intermediate

Learning Objectives:

1. Explain how advances in genetic testing are impacting cancer risk-reduction, diagnosis and treatment
2. Describe social work strategies to address social, familial, financial and emotional issues facing individuals living with hereditary cancer risk
3. Apply strategies for successfully incorporating oncology social work services into a cancer genetics clinic

P404

Thursday June 1

10:30 a.m. – 11:30 a.m.

The Oncology Social Worker's Role in Mitigating the Effect of Unconscious Racial Bias

Genny Finkel, MSW, LCSW

Abstract Summary:

In an increasing consciousness around racial inequality in america, oncology social workers, have an opportunity to confront unconscious racial bias and its impact on cancer care. This presentation will provide examples of experiences during which some aspect of bias or prejudice played a role with the interdisciplinary team, patients and/or families during a cancer diagnosis and treatment. The oncology social worker's clinical interventions to combat unconscious bias will be discussed. Communication strategies that can be used effectively with interdisciplinary colleagues, patients and families will be explored.

Keywords: Special Populations; Advocacy

Presentation Level: Introductory

Learning Objectives:

1. Identify acts of unconscious racial bias in cancer care.



2. Acknowledge of the experience of a patient experiencing racial bias.
3. Illustrate when bias is impacting care and apply practices to combat it

P405

Thursday June 1

10:30 a.m. – 11:30 a.m.

Preparing for Duty: Caring for Veterans in a Community Oncology Setting

Catherine Credeur, MSW, LMSW, OSW-C; Chelsea Kroll, MSW, LGSW, OSW-C; Rachel Jennings, MSW, LCSW, CISM

Abstract Summary:

This presentation targets oncology social workers (OSW) working in non-VA settings with U.S. veterans. The Institute of Medicine cited difficulty in estimating the VA's patient capacity and the VA's capacity to estimate community resources equipped to care for the unique needs of veterans. (IOM, 2014). A 2014 estimate anticipated 15 million veterans would receive health care from a civilian provider (Congressional Research Services). A RAND survey (2014) found that fewer than 20% of civilian providers self-reported a comfort level with veteran culture that would support effective mental health treatment. This symposium will arm a civilian OSW with the skills to assess for veteran status, integrate veteran's benefits into the patient's oncology care, consider the impact of a veteran's military experiences on coping with current oncology care, and function as a base of support and advocacy for the veteran/patient.

Keywords: Veterans; Special Populations

Presentation Level: Introductory

Learning Objectives:

1. Identify the importance of appropriate screening for veteran status and be able to integrate the topic in psychosocial assessments.
2. Demonstrate in group case example discussions a working knowledge of concrete resources for veterans. Participants will describe how to locate resources, identify them with the correct VA/Veteran's Affairs terminology, and complete referrals to expedite veterans' access to care.
3. Describe and acquire a sensitivity to the impact of a veteran's experiences on interactions as a patient within oncology health care systems. Participants will internalize the need for ongoing education to further enhance skills as an advocate for veteran/patients.



P501

Thursday June 1

11:45 a.m. – 12:45 p.m.

Social Worker as Alchemist: Crafting, Holding, and Naming Hope along the Trajectory of the Cancer Experience

Lorelei Bonet, MSW, LCSW, OSW-C

Abstract Summary:

Hope is an elusive shape-shifter along the trajectory of the cancer experience, and is deeply personal in how it is conceptualized. It is deemed important if not essential to the cancer patient to have, hold, maintain, and protect. Hope has been linked to increased patient compliance (Gordon & Daugherty, 2003), improved quality of life (Duggleby, et al., 2007), and in some cases is equated to the experience of being human (Elliott & Oliver, 2009). It is as vital as air, as undefinable as faith, and it is part of a mosaic crafted and held by family, friends, and the medical team that contributes to emotional health and a sense of well-being. This paper proposes that the oncology social worker is an alchemist of sorts, with a unique perspective and skill set to help foster, hold, protect, name and adapt to the shifting experience of hope.

Keywords: Clinical Practice/Skill Building

Presentation Level: Introductory

Learning Objectives:

1. Demonstrate the particular ability of the Oncology Social Worker in naming, protecting, and facilitating hope, even when all else feels "hopeless". And in so doing, globally contributing to the well-being, physical and emotional health of patients and th
2. Differentiate between hope and optimism or "positive thinking" so that the those working in the oncology setting at large can more clearly understand what hope means and how it can be useful, even essential to our patients.
3. Examine the role of the Oncology Social Worker in holding hope while promoting ethical communication between patient and oncologist. To further explore the suppositions of the medical team in what it means to "keep hope alive" while still respecting patient autonomy.

P502

Thursday June 1

11:45 a.m. – 12:45 p.m.



The Diversity Dilemma: Shifting from Cultural Competence to Cultural Humility

Eucharia Borden, MSW, LCSW, OSW-C

Abstract Summary:

Within healthcare settings, most social workers are taught that delivering "culturally competent" care is the best approach when working with diverse patient populations. This approach implies that once someone has learned about a specific culture, they've become an expert on the members of that culture; however, cultural competency doesn't adequately address negative stereotypes that may impact service delivery. Cultural humility is an approach which emphasizes ongoing learning, focusing on "self" rather than "other", and it allows the patient to be more interactive in his or her experiences within the healthcare setting. Oncology social workers have a charge to "meet patients where they are" and are thus perfectly positioned to introduce cultural humility into their workplace. Through interactive case examples and video, participants will be encouraged to explore their own beliefs and attitudes about culture and how this shapes interactions with patients, caregivers, and co-workers.

Keywords: Clinical Practice/Skill Building

Presentation Level: Intermediate

Learning Objectives:

1. Compare the difference between cultural awareness, cultural competence and cultural humility.
2. Describe the concept of cultural humility and its application in healthcare settings.
3. Practice and incorporate dimensions of cultural humility and the acceptance of "not knowing" into interactions with patients, caregivers, and co-workers.

P503

Thursday June 1

11:45 a.m. – 12:45 p.m.

Muddling Through the Middle: Identifying Oncology Social Work Skills for Sustaining Hope and Living With Uncertainty While Coping With Cancer

Lauren Schairer, MSW, LICSW; Jane Bausch, MSW, LICSW

Abstract Summary:

Few studies have addressed social work intervention during the phase of treatment for advanced cancer we call "the middle," characterized by relative disease stability, lower symptom burden, and higher physical functionality when the uncertainties of an incurable diagnosis become more apparent in patients' thoughts, consciously and subconsciously. In our collaborative practice working together in the same oncology clinic, we have identified interventions grounded in theory acknowledging the significance of maintaining hope in the face of uncertainty which facilitate meaning-making and enhance patients'



definitions of quality of life, including mindfulness, narrative therapy, bibliotherapy, legacy work, and cognitive-behavioral approaches, helping patients to more thoughtfully utilize time in "the middle." Reviewing existing literature, case examples, and through the lens of differing levels of experience (5 and 30+ years) we ask: As people live longer with life-limiting illness, how can we enhance our skills as oncology social workers to address life in "the middle?"

Keywords: Clinical Practice/Skill Building; Specialized Needs

Presentation Level: Intermediate

Learning Objectives:

1. Define key psychosocial challenges for patients and families during "the middle" phase of treatment, including the impact of coping styles and personal history on these challenges.
2. Identify three evidence-based clinical interventions that can be useful in sustaining hope and living with uncertainty for people with advanced cancer.
3. Describe/consider ways in which collaboration and mentorship can enrich clinical practice, and thereby enhance patient care, particularly for social workers new to the field as well as those with many years of experience.

P504

Thursday June 1

11:45 a.m. – 12:45 p.m.

Strategies for Improving Chemobrain: A Four-Session Series Designed to Increase Client Functioning

Michelle Ferretti, MSW, LGSW; Molly Boehm, JD, MSW, LSW; Sandra Weller, MSW, LCSW, OSW-C; Drucilla Brethwaite, MSW, LCSW, OSW-C

Abstract Summary:

Cancer-related cognitive impairment (CRCI) is the most commonly reported negative side effect by patients with cancer (O'Farrell et al., 2013) with prevalence rates from 14-85% (Hodgson et al., 2013). Challenges for patients include preparing meals, problem solving, communicating and driving. Post treatment memory dysfunction also has the potential to impact work performance and negatively impact relationships as patients isolate out of embarrassment (Hodgson et al., 2013; Kesler, 2013). Although debate continues about the multifactorial risk factors, emerging research is beginning to clarify this phenomenon and illuminate the underlying mechanisms in the brain where change occurs. Strategies for Improving Chemobrain: A Four-Session Series offers education about CRCI and an opportunity for participants to experience strategies which can influence the biological, behavioral, and psychosocial factors contributing to CRCI. Oncology social workers can utilize the concepts and interventions in this program to provide patients with the tools to function at a higher level.



Keywords: Clinical Practice/Skill Building; Education

Presentation Level: Intermediate

Learning Objectives:

1. Identify relevant research to understand current knowledge of chemotherapy related cognitive impairment (CRCI) including prevalence, causes and treatment.
2. Differentiate between modifiable and unmodifiable factors contributing to CRCI and experience structured interventions including compensatory, cognitive behavioral and mind-body strategies.
3. Define framework and elements to implement a four-session CRCI intervention program.

P505

Thursday June 1

11:45 a.m. – 12:45 p.m.

Advocacy and Oncology: A Perfect Match for Social Workers

Elizabeth Franklin Hoffler, MSW, ACSW; Sarah Conning, MSW, LCSW

Abstract Summary:

Advocacy and systems-change can seem challenging, slow-moving, or even overwhelming. However, it is necessary to help people in need and to improve the systems in which we work and live. The field of oncology is heavily dependent upon advocacy in order to best support patients and caregivers and ensure they have access to the resources and services that they need. It is also vital to ensure that the social work role in the healthcare team is protected and promoted. Advocates can have an impact on everything from the day-to-day assistance we can offer to patients to increased federal funding for biomedical research. This paper presentation will provide a brief history of social work and oncology advocacy, an overview of relevant theoretical concepts, and tips to help incorporate advocacy into the daily work of oncology social workers at micro, mezzo, and macro levels.

Keywords: Advocacy

Presentation Level: Introductory

Learning Objectives:

1. Identify ways that the history of social work and oncology advocacy inform the profession of oncology social work.
2. Describe the relevant theoretical frameworks as they relate to oncology policy and advocacy.
3. Formulate a personal advocacy plan as it pertains to patients, colleagues, communities, and systems.



LUNCH PANEL II – FINANCIAL ADVOCACY KEYNOTE ADDRESS

Thursday June 1

1:00 p.m. – 2:30 p.m.

Financial Well-Being and Health: Results from the Money-Health Connection Study

Reginald Tucker-Seeley, MA, ScM, ScD

Abstract Summary:

There have been calls in the cancer disparities literature for greater clarity on the pathways and mechanisms causing differential cancer outcomes across racial/ethnic and socioeconomic groups. However, relatively little attention has been paid to the conceptualization AND operationalization of socioeconomic circumstances. Even though we know that different demands on economic resources and disparate rates in the accumulation of assets across the life course can result in variations in household material conditions within and between socioeconomic status groups. Expanding our conceptualization and measurement of socioeconomic status to include material, psychosocial, and behavioral aspects of individual/household socioeconomic circumstances may help to elucidate the pathway between socioeconomic circumstances and cancer-related outcomes. More specifically, an expanded view of the socioeconomic context across the cancer continuum might uncover socioeconomic factors influencing disparities in outcomes over and above the traditional socioeconomic status measures. Insights from this expanded view can inform the development of innovative interventions that help individuals better manage and leverage their socioeconomic and psychosocial resources for improved outcomes across the cancer continuum from prevention to end-of-life care. The Money-Health Connection Study was an NCI funded study to develop a trans-disciplinary definition of financial well-being and to develop an assessment tool to measure this construct. Results describing financial well-being conceptual model and measurement development will be presented. Additionally, results from psychometric investigations of the measure of financial well-being and investigations of the associations between financial well-being and health outcomes will be discussed.

Presentation Level: Introductory

Learning Objectives:

1. Describe the usefulness in measuring financial well-being across the cancer continuum
2. Compare measures of financial well-being from traditional measures of socioeconomic status
3. Distinguish among material, psycho-social and behavioral measures of financial well-being.



Clinical Practice Intensives

CPI 101

Thursday June 1

2:30 p.m. – 4:00 p.m.

Mindfulness Practices and Perspectives to Enhance Oncology Social Work: Caring for Patients, Providers and Ourselves

Thomas Pier, MSW, LCSW, CMF, OSW-C

Abstract Summary:

Mindfulness is garnering broad attention and burgeoning in a variety of fields such as education, business, law, prisons, law enforcement, US military and veterans' services, health care and mental health. By its very nature, oncology social work is rooted in mindfulness - in present moment awareness, in being curious about patient and family experiences, in seeing clearly the true nature of emotions, experiences and events, in remaining calm during a crisis or other tumultuous periods, in abiding and staying present with difficult emotions, in cultivating compassion, kindness and well-being, and in acknowledging our shared humanity, including suffering and death.

This dynamic workshop will focus on three applications of mindfulness within oncology social work. The first section will establish the basics by defining mindfulness practice, or how to cultivate an intentional state, and the principles and practices of everyday mindful awareness, focused on maintaining mindful awareness as a dispositional trait. In the second section, we will explore the clinical application of mindfulness in oncology settings with patients and families, in groups, and in a variety of practice approaches. Finally, the third section will focus on mindfulness-based approaches with medical providers and other colleagues, and with fellow psychosocial clinicians and trainees, maximizing opportunities for self-awareness, creating ways to care for ourselves, and finding ways to implement mindfulness into unique work settings.

Participants will experience guided mindfulness meditations, participate in a relational mindfulness exercise, and leave with tools and resources empowering both those experienced with and those new to mindfulness to explore the application of mindfulness in their own lives, their clinical interventions and their work settings.

The goal is to establish concrete means to cultivate calmness, clarity, stability and peace of mind in our own lives and for our patients and their families even amongst the difficulties of cancer care and for medical professionals and clinicians facing the challenges of working in today's medical settings.

Presentation Level: Intermediate

Learning Objectives:



1. Define and share mindfulness by elaborating the basic practice and principles to support attendees in starting or deepening a mindfulness practice.
2. Explain the clinical applications of mindfulness in oncology settings with patients and families, in groups, and in a variety of practice approaches promoting professional integration of mindfulness.
3. Practice and explore with fellow psychosocial clinicians and trainees, ways to maximize opportunities for caring for ourselves and each other by implementing mindfulness into each participant's unique work setting.

CPI 102

Thursday June 1

2:30 p.m. – 4:00 p.m.

Can You Please Change this Patient? Motivational Interviewing as a Better Approach

Debra Mattison, MSW, LMSW, ACSW

Abstract Summary:

Oncology Social Workers often receive referrals which frequently come with the heavy expectation that the change others desire in a patient will somehow be brought about by our interventions. Social Workers are uniquely positioned to lead a cutting edge philosophical shift from an outdated, ineffective approach of determining "change goals" for the patient to an approach focusing on patients' self-determination of the change they desire. Motivational Interviewing (MI) is just such an innovative, evidence-based approach.

Motivational Interviewing has proven effectiveness across a variety of behavioral, mental and physical health concerns. This highly practical workshop will focus on a review of the key tenets of Motivational Interviewing teaching specific clinical interventions using video case illustration and skill-building exercises. Participants will leave with practical intervention strategies, illustrative handouts and references to further explore MI training with encouragement to feel freed from the responsibility to change others and empowered to support our patients' own intrinsic change potential.

Presentation Level: Intermediate

Learning Objectives:

1. List 3 basic tenets of Motivational Interviewing
2. Identify evidence-based rationale for Motivational Interviewing with oncology patients
3. Define and demonstrate reflective listening skills using an "OARS" framework



CPI 103

Thursday June 1

2:30 p.m. – 4:00 p.m.

Improving Sexual Health: Unique Needs and Clinical Practice with Sexual Minorities

Sage Bolte, PhD, LCSW, OSW-C, CST; David Latini, PhD, LMSW; Heather Honoré Goltz, PhD, LMSW, MEd

Abstract Summary:

Cancer does not care about authenticity, but as oncology social workers, we must. This is especially true when working with sexual minorities and helping them to continue to live as authentic a life as possible when faced with cancer. Progress has been made and sexual minorities are now being recognized as a health disparity population with the recent report by the National Institutes of Health. Given the lack of evidenced based interventions and research related to caring for the needs of the LGBTQIIA population, this workshop will be guided by four essential topics: defining who is a “sexual minority”; exploring and understanding our own biases; identifying and understanding the needs of the sexual minority populations; assessment and interventions for assessing and addressing sexual health concerns and needs.

This interactive clinical intensive will allow participants a safe space to examine and explore personal and institutional biases that may interfere with providing the best care to sexual minority patients/survivors and/or loved ones through brief sexual attitude reassessments and discussion. Knowledge will be increased through identifying and discussing the research related to the impact cancer and its treatments can have on this population along with evidenced based interventions, including assessment tools, to improve one’s clinical practice. The use of self-reflection and role playing will be main components of this intensive to help oncology social workers improve their comfort and knowledge in working with sexual minorities.

With research limited, this workshop will open a dialogue to help practitioners feel more skilled in their ability to address the needs of sexual minorities while providing concrete tools to implement into practice to be the change agent in personal practice or at their institutions.

Presentation Level: Intermediate

Learning Objectives:

1. Define who is a sexual minority, including some possibly hidden populations.
2. Identify at least three needs of the sexual minority populations.
3. List at least two assessment and interventions for assessing and addressing sexual health concerns and needs of LGBTQIIA, older adults, BDSM, polyamorous populations.



CPI 104

**Thursday June 1
2:30 p.m. – 4:00 p.m.**

Family Therapy in Oncology Care

Carolyn Fulton, MSW, LCSW-R

Abstract Summary:

While health care continues to focus emphasis of care on the individual patient, more hospitals are coming to realize the value of family based treatment planning, particularly when someone is faced with a cancer diagnosis. Regardless of the setting an oncology social worker is placed, many of us are given referrals to assess caregiver support, conflicts between family members and the cancer patient, explore whether or not patients have appointed health care proxies, and assess overall social supports of the cancer patient.

Through break outs in small groups, the second section of this workshop will be an opportunity to spend more time thinking through how this could be incorporated in your respective settings, and role play will be utilized to practice these skills together as a group. The wrap up will include time for debriefing with each other on any insights learned during this intensive as well.

Presentation Level: Intermediate

Learning Objectives:

1. Define and discuss the history of family therapy in the psychotherapy community, and its relevance in health care settings
2. Identify interventions used in family systems theory that are applicable to oncology social workers in both in-patient and out-patient oncology settings
3. Use case examples to illustrate ways these interventions can be utilized in health care settings
4. Demonstrate, through role play exercises, integrating interventions learned into practice during workshop

CPI 105

**Thursday June 1
2:30 p.m. – 4:00 p.m. I might put second session time here 430-600pm for each I don't want people thinking they can go to the first half of one and the second half of the other.**

Psychodynamic Approaches to End of Life and Bereavement Care

Joan Berzoff, MSW, PhD

Abstract Summary:



This intensive will cover two topics. The first will look at theories of death, dying and bereavement and the second will look at relational practice with the dying. Using a predominately psychodynamic lens, the presenter will examine the historical understanding of grief and bereavement from Freud to the present more constructivist views. In the second part, she will think with the audience about what relational practice is, the kinds of countertransference experiences that are evoked in work with the dying, the uses of self, the meaning of presence and the work of sitting with suffering without having to change, transcend or change it. The concept of intrinsic suffering will be introduced and clinical examples of sitting with suffering provided.

Presentation Level: Intermediate

Learning Objectives:

1. Explain the theoretical contributions of Freud, Loewald, and constructivist ideas that see grief as potentially transformative, changing the mourner.
2. Critique the ideas that grief and suffering must always be transcended or transformed
3. Describe psychodynamically informed relational principles in work with the dying

CPI 201

Thursday June 1

4:30 p.m. – 6:00 p.m.

Mindfulness Practices and Perspectives to Enhance Oncology Social Work: Caring for Patients, Providers and Ourselves

Thomas Pier, MSW, LCSW, CMF, OSW-C

Continuation of CPI 101

CPI 202

Thursday June 1

4:30 p.m. – 6:00 p.m.

Can You Please Change this Patient? Motivational Interviewing as a Better Approach

Debra Mattison, MSW, LMSW, ACSW

Continuation of CPI 102

CPI 203

Thursday June 1

4:30 p.m. – 6:00 p.m.

Improving Sexual Health: Unique Needs and Clinical Practice with Sexual Minorities

Sage Bolte, PhD, LCSW, OSW-C, CST; David Latini, PhD, LMSW; Heather Honoré Goltz, PhD, LMSW, Med

Continuation of CPI 103



CPI 204

Thursday June 1
4:30 p.m. – 6:00 p.m.

Family Therapy in Oncology Care

Carolyn Fulton, MSW, LCSW-R
Continuation of CPI 104

CPI 205

Thursday June 1
4:30 p.m. – 6:00 p.m.

Psychodynamic Approaches to End of Life and Bereavement Care

Joan Berzoff, MSW, PhD
Continuation of CPI 105

S201 – Research SIG Presentation

Thursday June 1
6:15 p.m. – 7:45 p.m.

Developing Research in a Clinical Oncology Setting: Challenges and Opportunities

Daniela Wittman, PhD, MSW

Abstract Summary:

Supporting interventions with evidence is increasingly expected in clinical oncology social work. The challenges in introducing research into a clinical environment include lack of time, research training, and research funding. Oncology social work clinicians engage in a variety of creative methods through which to evaluate and disseminate their practice, including partnering with social work and medical academics, using philanthropy for funding and pursuing advanced degrees. In this presentation, some of the methods for embedding research in clinical practice will be discussed. The goal of the presentation is to engage oncology social workers in a discussion of their interest and experience in research, opportunities for training, pursuit of resources and other aspects of developing the concept of clinician-scientist in oncology social work.

Presentation Level: Introductory

Learning Objectives:

1. Define the concept of clinician-scientist
2. Identify in their home clinical setting least one method for establishing a research project in a clinical setting



3. Analyze at least two attainable funding sources that clinical oncology social workers can tap into for their research

S202 – Blood Cancer/BMT SIG Presentation

Thursday June 1

6:15 p.m. – 7:45 p.m.

BMT Psychoeducation Increases Patient and Caregiver Knowledge and Confidence

Jane Dabney, MSW, LISW-S; Paula Brumback, MSW, LCSW

Abstract Summary:

An overwhelming amount of information is given to patients and their caregivers undergoing (BMT) at all phases of treatment. Often patients and caregivers are feeling overwhelmed when meeting with the different team members that it can be difficult to hear, integrate and retain such information. BMT social workers have been leaders in implementing psychoeducation processes and programs throughout the continuum of care. A panel of BMT social workers will describe individual and group, pre and post-transplant psychoeducational methods, programs, and resource materials used with BMT patient and caregivers. We plan to encourage discussion and information sharing of participants.

Presentation Level: Introductory

Learning Objectives:

1. List key components of psychoeducation needed for BMT candidates and caregivers.
2. Identify barriers to information integration and retention that may disrupt the BMT patient and caregiver success during the transplant journey.
3. Explain role of oncology social worker in empowering patients and caregivers by providing psychoeducation to enhance knowledge and confidence in self-care.

S203 – Patient Navigation SIG Presentation

Thursday June 1

6:15 p.m. – 7:45 p.m.

The Patient Navigator and the Oncology Social Worker: Strange Bedfellows, One and the Same, or Somewhere in Between?
Elizabeth Saylor, MSW

Abstract Summary:

Have you ever wondered what Patient Navigation actually is? Heard the term but thought is that “real” social work? Maybe you are a patient navigator yourself and have difficulty explaining how your role differs from that of the nurse navigators and medical social workers in the cancer center where you work. Are you all alone on your navigator island? Perhaps you are a social worker in a hospital setting and wonder if the patient navigator may one day replace you!

CANCELED - Patient Navigation SIG will still meet for networking but there will be no presentation for CEUs.



This talk will provide participants with a basic overview of the history of Patient Navigation in health care, specifically oncology, and use case studies of a variety of Patient Navigation programs around the country to demonstrate the value of this work to all oncology patients and their families.

Attendees will learn about the importance of defining a patient navigator's role, as well as area of practice and metrics that indicate success of the program. Participants will leave with a "mini toolbox" of resources that will allow them to better collaborate with their Patient Navigation colleagues, start a Patient Navigation program, or advocate for their value as a patient navigator.

All AOSW Conference attendees welcome!

Presentation Level: Introductory

Learning Objectives:

1. Describe the general history (including key figures), characteristics and components of Patient Navigation, especially as the practice relates to oncology, and how these characteristics and components align with basic tenants of social work practice.
2. Define types of patient navigation and patient navigation models such as barrier vs. service focused; age/development specific; disease specific ; point in cancer trajectory (suspicious finding to treatment vs. survivorship), and how these models have the potential to ease medical and psychosocial suffering as well as improve an institution's or organization's bottom line.
3. Demonstrate a basic assessment of the institution/organization/community in which they practice social work to determine if a Patient Navigation Program would benefit the patients living with and surviving cancer.

S204 – Children and Cancer SIG Presentation

Thursday June 1

6:15 p.m. – 7:45 p.m.

When a Parent Has Cancer: The Role of Oncology Social Work

Mary E. Turney, MSW, LCSW

Abstract Summary:

Cancer poses many challenges for patients and families but perhaps none is more frightening or requires more courage than telling young children about a parent's cancer diagnosis. The most natural instinct of a parent is to protect children from any possible harm or distress. However, when children are prepared and informed about a parent's cancer at an age appropriate level, they can adapt and develop strengths over time to serve them throughout life.

As oncology social workers, we encourage parents to meet with us to discuss these understandable concerns and explore ways to begin and continue conversations with youngsters and teens. It is incumbent on social work clinicians to discern how poised parents are to communicate about their



illness with children and teens as well as how secure they are in their parenting skills while undergoing cancer treatment. One recent study's findings suggest "that patients with greater cancer-related personal distress and poorer functioning...felt more concerned that their symptoms had a negative impact on children, and experienced bigger declines in beliefs in their parenting efficacy, or ability to meet children's needs."

This workshop will utilize both didactic presentation and interactive discussion to address several issues for social workers counseling cancer patients who are parents of minor-aged children.

Presentation Level: Introductory

Learning Objectives:

1. Describe the rationale for screening of children's wellbeing when a parent of minor-aged children is the cancer patient
2. Utilize guidelines for assessing parents' readiness for talking with their children about cancer in the family
3. Illustrate and engage parents in determining the best method for inclusion and support of their children in adjusting to a parent's cancer

S205 – Ambulatory Care/Fee-For-Service SIG Presentation

Thursday June 1

6:15 p.m. – 7:45 p.m.

Ambulatory Care/Fee-For-Service 101: Social Work Basics for Outpatient Settings

Paige Campbell, EdD, LCSW, OSW-C; Chris Henrickson, LMSW, BCD; Brittany J. Moore, MSSW-PSO, LSW

Abstract Summary:

Perhaps you are wondering what is the definition of the special interest group Ambulatory Care/Fee-for-Service? Ambulatory care refers to health care services provided in an outpatient setting, such as a free-standing center, private physician's office or outpatient clinic. Procedures and treatments that were once done only on an inpatient basis have drastically increased to the use of oncology ambulatory care. This has caused for an increase need of psychosocial services to be offered to patients in these settings as well. The presence of oncology social workers in outpatient settings provides several therapeutic benefits to patients and physicians. With the primary goal of improving a patient's quality of life, psychosocial support and information regarding patients' social concerns allows the physician to provide more comprehensive care.

During our annual meeting, members of this special interest group will provide an overview of topics most commonly discussed in an outpatient setting. Topics include an overview of oncology social work in outpatient settings, the similarities and differences in ambulatory care, effective methods for screening and assessment and implementation of billing for counseling.

Presentation Level: Introductory



Learning Objectives:

1. Describe the roles of oncology social work in outpatient settings, including free-standing cancer centers, private physician's offices and hospital outpatient clinics.
2. Explain what types of billing are appropriate in the outpatient setting for oncology social workers, including appropriate CPT codes and documentation requirements for billing.
3. Describe the utility of screening in ambulatory oncology social work and list some options for screening instruments.



Friday, June 2, 2017

American Cancer Society Quality of Life Lecture

Friday June 2

8:30 a.m. – 10:00 a.m.

“I Haven’t Got Room for the Pain:” Time, Space, and Suffering in Cancer Pain

Yvette Colon, PhD, ACSW, BCD

Abstract Summary:

More than half of all cancer patients experience severe pain and up to 33% of all cancer patients continue to have pain after curative therapies. There is little information about addressing alterations in patients’ psychic time and space and the effects of pain that can be so debilitating that an individual’s very personhood can be extinguished. Cancer pain can be dark, stigmatizing, isolating, and distancing. This presentation will explore the damaging psychic effects of cancer pain and suffering. It will challenge myths and misconceptions about pain, especially with regard to addiction. Finally, it will provide interventions to help oncology social workers support patients in regaining control over their lives.

Keywords: Cancer Pain, Psychic Pain, Stigma, Isolation; Suffering, Myths, Misconceptions, Addiction Control

Presentation Level: Introductory

Learning Objectives:

1. Explore the damaging psychic effects of cancer pain and suffering
2. Analyze myths and misconceptions about pain and addiction
3. Identify ways oncology social workers can help patients regain control over their lives

PS501 – Palliative Care Paper Symposium

Friday June 2

10:15 a.m. – 11:45 a.m.

“We Take Care of our Own” and Other Cultural Barriers to Saying "Yes" to Palliative Care

Catherine Cassingham, MSW, LSW; Nicole Marcouiller, MSW, LCSW, OSW-C

Abstract Summary:

Oncology patients and their families often decline palliative care when it is offered due to a multitude of cultural barriers and misunderstandings about palliative care. A chart review was done of 20 patients who had been eligible for palliative care but were not enrolled. From the ongoing analysis, several themes have emerged, such as stigma, the belief that “we take care of our own,” and a lack of understanding of what palliative care entails. The presentation will include patient identified barriers to palliative care, ways to effectively overcome those barriers, and how to educate patients about palliative in ways that will decrease stigma.



Keywords: Pain, Palliative Care and End of Life; Special Populations

Presentation Level: Intermediate

Learning Objectives:

1. Describe the cultural barriers patients express that prevent them from saying “yes” to palliative care when it is offered.
2. Explain effective, culturally sensitive ways to educate patients and their families about palliative care.
3. Identify and describe effective ways to decrease stigma around palliative care.

Who’s at the Door: How We Can Better Provide Palliative Care in Low-Income, Violence Prone Neighborhoods

Catherine Cassingham, MSW, LSW; Nicole Marcouiller, MSW, LCSW, OSW-C

Abstract Summary:

Oncology patients from low-income, violence prone areas are among the most in need of palliative care. Unfortunately, patients from low-income neighborhoods are often underserved due to the dangers, both real and perceived, employees of palliative programs face during home visits. A community hospital identified many patients from the cancer center were unable to access palliative care and interviewed palliative agencies about the areas they served and areas they avoided. Presented will be the solutions to the barriers identified by the interviews and palliative care team, including the oncology social worker.

Keywords: Pain, Palliative Care and End of Life; Special Populations

Presentation Level: Intermediate

Learning Objectives:

1. Identify barriers to palliative care reaching patients in a low income, violence prone neighborhood.
2. List ways to decrease fear by improving education about palliative care in communities.
3. Discuss how palliative care organizations are successfully entering communities while maintaining the safety of all involved

Can I Have Some More Sir?: Implementing a Palliative Program in an Under Resourced Community Hospital

Catherine Cassingham, MSW, LSW; Kishore Bobba, MD, MPH, MHA; Nicole Marcouiller, MSW, LCSW, OSW-C

Abstract Summary:

Palliative care is an essential part of cancer care and many community hospitals have been implementing palliative programs with very limited resources. To gain a better understanding of how to



effectively implement an in-patient and out patient palliative care program, an urban community hospital created an exploratory committee to identify what was truly necessary to successfully implementing a palliative program. In addition to presenting the main themes from the initial findings, we will also discuss results from on going assessments of the challenges to growth and the strengths of the palliative program as it continues to evolve.

Keywords: Pain, Palliative Care and End of Life; Special Populations

Presentation Level: Intermediate

Learning Objectives:

1. Explain benefits of palliative care program, especially in a community hospital.
2. Identify common barriers to successful implementation of palliative care programs in the inpatient and outpatient settings.
3. Describe how a urban community hospital has avoided, navigated, and overcome barriers to implement a palliative program.

LI501

Friday June 2

10:15 a.m. – 11:45 a.m.

More Than 50 Shades of Gray: A Bioethics Primer for Oncology Social Workers

Christina Bach, MBE, MSW, LCSW, OSW-C

Abstract Summary:

Oncology social workers play an integral and unique role in bioethics: primarily as patient advocates, but also as guardians of autonomy and dignity. This can come into direct conflict with decisions patients, families and healthcare teams are asked to make on a daily basis. As medical technology develops and evolves, ethical dilemmas are occurring more frequently in many diverse oncology care settings. In a parallel to technological developments, medicine is also transitioning from a paternalistic, “doctor knows best” model of medical treatment and decision making to a patient centered care model. This learning institute will explore the personal, the professional and the philosophical as they interact and often conflict when we work clinically with patients, families and healthcare teams.

Keywords: Ethics; Clinical Practice/Skill Building

Presentation Level: Intermediate

Learning Objectives:

1. Cite examples of philosophical theories of bioethics (consequentialism, deontology, principlism, narrative) and how these interact and conflict with personal and professional values and ethics.



2. Analyze their own moral and ethical biases as well as where these biases may influence their work with patients/families.
3. Design a way to integrate their knowledge of ethics, values and morals into modern day applications including ethics consultations, mediation, family conferencing, Facebook friend requests, electronic communications and "sharing" of information via online platforms.

LI502

Friday June 2

10:15 a.m. – 11:45 a.m.

Using Research to Inform Practice : A Skill-Building Workshop

Julianne Oktay, MSW, PhD; Brad Zebrack, MSW, PhD; Karen Kayser, MSW, PhD

Abstract Summary:

The AOSW Research Committee presents this Learning Institute to enhance the research skills of oncology social workers. The Institute will provide a broad overview of research in oncology social work, a brief review of the primary research methods used in the field, and a discussion of why research is essential to the achievement of the goals of the profession. We will illustrate how the previous AOSW research (APAQCC project) has provided opportunities for AOSW members to use research to enhance their practices. Examples will include comparing staffing levels from your institution to those in other similar institutions, and how distress screening data can be used to report to the Cancer Committee on Distress Screening activity. Finally, the learning institute will present an introduction to focus group methodology and show how this method can be used to shed light on a practice problem.

Keywords: Research; Clinical Practice/Skill Building

Presentation Level: Introductory

Learning Objectives:

1. Describe the state of the art research methods in psychosocial oncology.
2. Apply skills to integrate evidence and data into clinical practice.
3. Practice a skill in one research method - conducting focus groups - as a means of gathering and analyzing information from key stakeholders (eg. patients, family members, clinicians) needed to address a clinical problem or challenge

LI503

Friday June 2

10:15 a.m. – 11:45 a.m.

Navigating Health & Disability Insurance

Monica Bryant, JD, Esq.; Joanna Morales, JD, Esq.



Abstract Summary:

A majority of Americans do not understand their health insurance options or how to use their coverage once they have it. When diagnosed with a serious medical condition, such as cancer, many patients question whether or not they will be able to work through their treatment or how long it will take before they can return to work. Patients often turn to members of their health care team, including social workers, for information about their health and disability insurance options and coverage. This learning institute will provide attendees with information and practical tools that they can utilize in their clinical practice around: 1) consumer protections, health insurance options, and how the 2016 election may impact the cancer community; 2) disability insurance options; 3) the interaction between the FMLA and disability insurance; and 4) the process to appeal denials of benefits.

Keywords: Financial Toxicity; Patient Navigation

Presentation Level: Introductory

Learning Objectives:

1. Identify current health care consumer protections and health insurance options available to their patients and their families.
2. Define factors to consider when making health insurance coverage choices.
3. Cite examples of current disability insurance options available to patients who need to take time off from work and summarize the information necessary to effectively navigate patients through applying for and appealing denials of disability benefit

LI504

Friday June 2

10:15 a.m. – 11:45 a.m.

6-Week Mindfulness Based Cancer Recovery [MBCR] Intervention: Implementing a Mind-Body Approach to Healing

Rebecca McIntyre, MA, MEd, MSW, LCSW, OSW-C; Micheline Toussaint, LCSW, OSW-C, RYT

Abstract Summary:

Clinical distress related to anxiety, depression and mood disturbance is often noted in individuals dealing with cancer. Therefore, psychosocial interventions are essential. One intervention that has grown exponentially across health care is the practice of mindfulness (Kvillemo & Bränström, 2011). Of particular relevance is the Mindfulness-Based Stress Reduction [MBSR] intervention developed by Jon Kabot-Zinn. In the late 1990s Linda Carlson, Ph.D., at the University of Calgary adapted the MBSR intervention specifically for cancer patients called the Mindfulness-Based Cancer Recovery approach or, MBCR. Studies reveal promising results related to reduction in anxiety, depression and effects on a range of cancer biomarkers (Carlson 2013; Carlson & Speca, 2010). Oncology therapists will present a model of a 6-Week Mindfulness-Based Cancer Recovery Program based on the book, *Mindfulness-Based Cancer Recovery: A Step-by-Step MBSR Approach to Help You Cope with Treatment & Reclaim Your Life* by Linda Carlson, Ph.D., and Michael Speca, Ph.D.



Keywords: Clinical Practice/Skill Building; Education

Presentation Level: Intermediate

Learning Objectives:

1. Evaluate the history, theory and research behind the Mindfulness-Based Cancer Recovery [MBCR] program and why mindfulness-based stress reduction techniques are so helpful for those struggling with cancer.
2. Examine the primary components of the 6-week program including key concepts, discussion points and experiential exercises.
3. Experience a sample curriculum of one of the sessions from the MBCR for Women in Maintenance and Post-Treatment series including didactic instruction, experiential practice and group process.

LI505

Friday June 2

10:15 a.m. – 11:45 a.m.

Unexpected Leadership Opportunities: Oncology Social Work Contributions in an Enhanced Patient Access Project

Linda Mathew, MSW, LCSW, OSW-C; Penny Damaskos, MSW, PhD, LCSW-R, OSW-C

Abstract Summary:

The role of an oncology social worker can vary according to the treatment setting. OSWs provide counseling to individuals and families during the crisis of a cancer diagnosis and in survivorship, connect patients to resources in the treatment setting and they educate and support staffs to help them better understand the emotional impact of work on themselves. OSWs can cultivate leadership opportunities beyond the clinical arena on the business side of oncology care by utilizing skills as educators and psychosocial acumen. This presentation will focus on the development of a patient access project, designed to facilitate seamless and rapid entry into the treatment setting. This presentation will illustrate opportunities for OSWs to expand the clinical role beyond that of direct patient care. This presentation will review the role of OSWs within this enhanced patient access project. It will identify the opportunities for leadership by the OSW through illustrating agility in program development.

Keywords: Leadership/Administration; Education

Presentation Level: Intermediate

Learning Objectives:

1. Define how to expand the role of social work in a hospital setting beyond providing psychosocial support and gain knowledge on the business development side of cancer treatment.



2. Illustrate how to support and teach non-clinicians basic social work skills to assess emotional cues from patients by phone and in-person.
3. Formulate and cultivate expanded professional development opportunities in non-clinical settings while applying clinical skills

LI506

Friday June 2

10:15 a.m. – 11:45 a.m.

I'm Not Me Anymore: Loss of Self-Esteem in the Cancer Experience

Debra Mattison, LMSW, ACSW, OSW-C

Abstract Summary:

Self-esteem, though often overlooked or deemed as a “less important” concern in overall distress screening, is closely connected to psychological well-being, quality of life and one’s ability to cope with life’s challenges. Self-esteem is regularly confronted with the reality of never returning to the “old normal” leaving many feeling “I am not me anymore” and have no real sense of worth or competence. Patients often report feeling like a burden and someone’s “project” to fix, take care of or make less depressed. Oncology Social Workers also experience parallel feelings of self-esteem challenges. We may feel tired, ineffective and lacking in value, as who we are and what we do becomes overshadowed by what we perceive we are not. This creative workshop will focus on increasing clinical skills to effectively assess and intervene with patient distress related to self-esteem concerns as well our own professional self-esteem through didactic and experiential activities.

Keywords: Clinical Practice/Skill Building; Self Care

Presentation Level: Intermediate

Learning Objectives:

1. Analyze 3 concepts from psychosocial research to provide a theoretical context to support the relevance and importance of addressing self-esteem distress in adjustment to illness counseling
2. Identify and apply in experiential exercise, 3 clinical interventions to use in addressing distress related to loss of self-esteem
3. Express an increased awareness of one’s own professional self-esteem needs and apply at least 2 strategies to maintain professional self-esteem and resilience



P601

Friday June 2

12:00 p.m. – 1:00 p.m.

Stages of Blood and Marrow Transplant: Psychosocial Challenges and Clinical Social Work Interventions

Jane Dabney, MSW, LISW-S, OSW-C; Nancy Boyle, MSW, LCSW, OSW-C; Erica Bryan-Wegner, MSW, LICSW

Abstract Summary:

Hematopoietic cell transplant (HCT) also referred to as blood and marrow transplant (BMT) is a complex treatment that often results in high levels of psychological distress and social/financial strain for patients and their families. Patients undergoing BMT and their support teams require information that includes physical and emotional resources in order to maximize the benefit of the treatment. The National Marrow Donor Program, in collaboration with thought leaders and stakeholders, initiated the System Capacity Initiative. The social work workforce working group represents BMT clinical social workers. This group is developing an online continuing education (CE) program. The program aims to address the specialty training needs of oncology social workers and other psychosocial health professionals new to serving BMT patients, caregivers and families. This session, Stages of Blood and Marrow Transplant: Psychosocial Challenges and Clinical Social Work Interventions will be especially helpful to clinicians who are new to working with BMT.

Keywords: Clinical Practice/Skill Building; Disease Type (ovarian, lung, GYN, etc.)

Presentation Level: Introductory

Learning Objectives:

1. Identify the stages and transition points throughout the transplant process.
2. Define the psychosocial issues that patients, caregivers and their support system may experience.
3. Explain and discuss BMT clinical social work interventions

P602

Friday June 2

12:00 p.m. – 1:00 p.m.

Examining and Addressing the Impact of Trauma on Cancer Patients' Experience of Treatment

Eileen Joyce, MSW

Abstract Summary:

A trauma history can both impact a patients experience of cancer treatment, and be exacerbated by the



practices within the health care setting. While providers in behavioral health have done much research on trauma, and how to address it's impacts in their patients, oncology social workers may be less comfortable in assessing for trauma and knowing how to best address that history within the care of their patients. With approximately 20 % of adult women reporting a history of sexual trauma in their lives, oncology social workers need to understand how trauma and cancer care intersect, how to elicit a trauma history and how to best advocate for that patient when a trauma history is disclosed. This presentation will explore these issues and how the basics of trauma informed care can be applied within the cancer setting

Keywords: Specialized Needs; Clinical Practice/Skill Building

Presentation Level: Introductory

Learning Objectives:

1. Explain the impacts of trauma on patients and how that interacts with their cancer experience.
2. Describe the impact of the cancer center, cancer treatment, and provider and staff behavior can further complicate a patient's care when a trauma history is present.
3. Cite examples of the basic principles of trauma informed care and consider how those principles can be put into place within our treatment centers to better address the needs of our patients with trauma histories.

P603

Friday June 2

12:00 p.m. – 1:00 p.m.

Strategies and Techniques to Assist the Chronically Mentally Ill Patient Through Their Cancer Journey From a Strengths-Based Perspective

Leena Nehru, MSW, LCSW, OSW-C

Abstract Summary:

This presentation will provide a framework for new and seasoned oncology social workers to develop an effective treatment plan from the strength based perspective. As oncology social workers we often face the challenges of working with patients who are struggling emotionally and physically because of their cancer but when a patient has both cancer and a chronic mental illness it can be doubly hard. By learning how to provide and teach strength based perspective strategies and techniques to the patient we can assist them in receiving the best care possible from our Cancer programs. At the end of the presentation we will have an interactive discussion about this topic and the future implications that it may have.

Keywords: Special Populations; Clinical Practice/Skill Building

Presentation Level: Introductory



Learning Objectives:

1. Identify specific psychosocial concerns for patients with a comorbid diagnosis of cancer and chronic mental illness.
2. Explain how chronic mental illness may contribute to treatment adherence, medical decision making and coping.
3. Utilize strength based strategies and techniques when working with chronically mentally ill patients with cancer

P604

Friday June 2

12:00 p.m. – 1:00 p.m.

Suicide and Cancer: Places We Get Stuck

Nan Fitzgerald, MSW, LCSW, OSW-C

Abstract Summary:

Clinical oncology social workers navigate patients and their families through the highs and lows of treatment, remission, survivorship and end of life. However at times, this trajectory can be interrupted by suicide, and many clinicians feel ill-prepared to address this issue creating “stuck places.” This presentation will explore the complex navigation of suicide in cancer patients, and how as clinicians we assess, treat and respond.

A case study will be reviewed of a completed suicide. Lessons learned and changes in processes within the cancer center, hospitals and oncology social work profession.

Keywords: Clinical Practice/Skill Building; Specialized Needs

Presentation Level: Introductory

Learning Objectives:

1. Illustrate enhanced clinical skills and knowledge around prevalence of suicide in oncology patients and evidence based interventions
2. Analyze personal and professional moral dilemmas surrounding suicide and the broader implications to individuals and systems
3. Distinguish oncology patients as a high risk population, and process changes brought to enhance clinical presence in hospitals and cancer centers.

Closing Keynote Address

Friday June 2

1:45 p.m. – 2:45 p.m. PM

Breath by Breath: Hurting, Healing, and Building the Transcendent Life



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Abstract Summary:

What do the tears teach us? Our patients have lessons to share when we pause to listen but do we hear them? Our exposure to their pain leaves us marked by trauma, but the flip side of this burden is that we also know the precious wisdom of the dying, and have the opportunity to learn from it. But do we really live like we know we're going to die? This presentation will call us all to take a moment and reflect. Are we living our best lives? And where does the vicarious pain, that's a cost of our work, send us? Does it lead us toward caution or boldness? Frenetic activity or loving attention to the present? Together we will explore the behavioral habits that transform the hurt into healing and help us build lives that restore our spirits, give hope to our hearts, and wings to our dreams.

Presentation Level: Intermediate

Learning Objectives:

1. Describe the process by which trauma can lead to post-traumatic growth.
2. Identify the areas of personal functioning in which post-traumatic growth is most likely to occur.
3. Evaluate whether or not they would benefit from focused skill building in the areas of: attention training, compassionate self-talk, gratitude practices, acceptance training, and risk taking.